
GP: _____

Next of Kin: _____

Relationship to you: _____

Home/Mobile No: _____

Even/Weekend Phone No (if different from above) _____

Details for Emergencies

Medical Condition: _____


Do you normally carry medication with you?
No Yes Specify: _____

Volunteer Medical Information

HEALTH & SAFETY GUIDELINES

1. Please bring this card with you to all tasks/ events and show it to the leader/first aider BEFORE taking part in activities.
2. Be aware of safe handling instructions when using tools and ensure your own safety at work parties.
3. Keep hydrated, wear protective clothing.

Volunteer Information



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Address: _____

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