

Significant medical or health information about group members:

4. WHO IS YOUR EMERGENCY CONTACT FOR INFORMATION?

A person who can provide detailed personal information about your group (ie next of kin).
This person may not necessarily be the Contact person this form is left with.

Name:

Address:

Phone no's & email:

5. WHAT TYPE OF EQUIPMENT ARE YOU CARRYING?

✓

	Satellite/mobile phone	Ph:		
	Mountain radio	Call sign:		
	Personal locator beacon		121.5 MHz	406MHz
	Firearms			
	First Aid Kit	Specific medications:		
	Wet weather gear & thermal clothing			
	Extra food		Emergency shelter	

6. HOW ARE YOU TRAVELING TO AND FROM THE AREA?

Eg. rental car, bus. Include name of bus/rental car company.

If you have left a vehicle at the area for your return, provide details:

Registration No.

Colour

Make & Model

Parked at

7. WHERE WILL YOU BE GOING AFTER LEAVING THE AREA?

Eg. address/name of accommodation.

REMEMBER TO INFORM THE CONTACT PERSON WHO HOLDS THIS FORM OF YOUR RETURN