IN CASE OF AN EMERGENCY – TG Members (Optional)

Please complete this form, put it into a sealed, named envelope and keep it in your rucksack or with you whenever out with TG.

Name: …….

Date of Birth: …….....

Address: ……....

…….

…….

Tel: ……....

Mobile: ……..

Your contact in case of an emergency:

Name: ……....

Address: ……....

…….

…….

Tel: ……....

Mobile: …….

Relationship: ……....

Medical conditions we should be aware of in an emergency:

……
…….....

Please record your regular medication or state ‘None’ (as appropriate):

……
……
……
……
……
…….....

Signature: ……..

Date: ……

If your medication or condition changes, please fill in a new form.