



CROSS COUNTRY CHARTERS

Group Charters, Tours & Safaris Throughout Australia & The Outback

MEDICAL AUTHORITY FORM STRICTLY CONFIDENTIAL

The information contained herein may be required by the organisers and medical practitioners whilst away on tour in the event of a passenger requiring treatment.

Passenger's Name: _____ Date of Birth: ____/____/____

Address: _____

_____ Email: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Next of Kin: (full name) _____ Phone: _____

Name of Family Doctor: _____ Phone: _____

Medicare #: _____ Medical Insurance: _____

Date of last tetanus booster/needle: ____/____/____

Medical Condition		Specify Condition	Special Action
Allergies	YES / NO		
Asthma	YES / NO		
Epilepsy	YES / NO		
Diabetes	YES / NO		
Bee Stings	YES / NO		
Blood Pressure	YES / NO		
Heart Disorder	YES / NO		
Hearing or Ears	YES / NO		
Motion Sickness	YES / NO		
Ongoing Medical Condition	YES / NO		
Other	YES / NO		

Is the above named passenger on medication? YES / NO

Please list tablets/medicine and the time to be taken, (if insufficient space please attach a letter)

Special Dietary Requirements: (medical or religious) _____

I give permission for the person in charge of the tour to seek medical assistance for the above named passenger should the need arise. YES / NO

I understand that this tour requires participants to be reasonably fit. I understand that travel to and from Karratha involves long periods of time sitting on a coach with regular comfort stops en-route. I understand that all passengers must be independently mobile and able to negotiate unstable ground whilst climbing over rocky outcrops to view the rock art. I understand that all passengers must be prepared to walk and climb over the rocky outcrops in the heat of the day. I understand that passengers suffering from any pre-existing conditions that could cause them problems due to the nature of this tour are advised to consult their doctor before booking. I understand that it is strongly recommended that all passengers take out comprehensive travel insurance prior to departure. YES / NO

_____ Passenger Date: ____/____/____