

# Kidney Kar Rally 2025

## Participant Medical History & Emergency Form

### CONFIDENTIAL

Please ensure you complete **ALL** details. Do not omit any information that may assist those who are administering first aid to you.

<b>Participant Details</b>									
<b><u>Surname:</u></b>				<b><u>Team:</u></b>				<b><u>Kar No:</u></b>	
<b><u>First Name:</u></b>				<b><u>Gender:</u></b>				<b><u>DOB:</u></b>	
<b><u>Email:</u></b>				<b><u>Phone:</u></b>				<b><u>State:</u></b>	
<b><u>Address:</u></b>				<b><u>Suburb:</u></b>				<b><u>P/Code:</u></b>	
<b><u>Role in Vehicle:</u></b>	Driver/Navigator/Crew			<b><u>No of KKR's you have attended:</u></b>					
<b>Medical Details</b>									
<b>Please tick if you have any of these conditions:</b>				Diabetes:	<input type="checkbox"/>	Asthma:	<input type="checkbox"/>	Epilepsy:	<input type="checkbox"/>
Other (Please list):									
<b><u>Medications:</u></b>									
<b><u>Allergies:</u></b>									
<b><u>Blood Type:</u></b>				<b><u>Do you hold a current First Aid Certificate?</u></b> (If yes, please attach)				Yes/No	
<b>Please provide any additional details that would be relevant during a first-aid emergency:</b>									

<b>Emergency Contact's Details</b> – In the event of an emergency please indicate who we should contact.			
<b><u>Surname:</u></b>		<b><u>First Name:</u></b>	
<b><u>Phone:</u></b>		<b><u>Email:</u></b>	
<b><u>Relationship to you:</u></b>			

I agree that in the event of there being a need for treatment of injuries or illness occurring during the Kidney Kar Rally, the organisers, officials and officers of Kidney Health Australia are hereby authorised to take such steps as considered necessary, and that the cost of such treatment shall be my responsibility. To the best of my knowledge, the information provided on this form is accurate.

I indemnify them in respect of any decision taken in this regard.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_