



**IMPORTANT MEDICAL INFORMATION  
THAT SHOULD BE KNOWN ABOUT IN AN EMERGENCY**

<b>Sail No:</b>		<b>NAME (PRINT)</b>
<b>CONDITION:</b>		
<b>ALLERGIES (Penicillin etc.):</b>		
<b>IMPORTANT MEDICATION:</b>		
<b>DOCTORS CONTACT DETAILS (if known)</b>		
<b>NAME OF CONTACT PERSON;</b>		
<b>RELATIONSHIP TO YOU - (Relative, friend etc.,)</b>		
<b>CONTACT TELEPHONE NUMBER(S);</b>		