# Your emergency information form

Mount Augustus National Park - Summit Trail





Completion of this form will assist first responders in an emergency.

Ensure you have told someone of your plans (nominated person) before you leave on the hike.

It will be that nominated person's responsibility to advise emergency services if you don't contact them at the designated time.

Phone reception is available at the Mount Augustus Tourist Park.

Once completed, leave this form on your vehicle's dashboard, ensuring it is visible.

Once you have completed the hike and returned to an area with mobile phone coverage, contact your nominated person and let them know you have returned.

### This information will be used in the event that:

- you are overdue and your nominated person notifies police and rangers,
- your dashboard is checked by a ranger or other first responder.

#### **SUMMIT TRAIL**

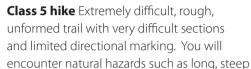
### Class 5, 12.5km return, 5-8 hours











sections, rock scrambles, and frequent unstable or slippery surfaces. Only for self-reliant, very experienced bushwalkers with a high level of fitness.

**Avoid hiking in hot weather** – the best months are May to August.

Hike - during the coolest times of day.

**Start** - early and hike in a group of 3 or more experienced hikers.

Water – carry and drink at least 1 litre per person, per hour when hiking and more in hotter weather. There is no drinking water in the park.

Wear - a broad brimmed hat, loose long-sleeved clothes, sturdy footwear and sunscreen – to minimise heat stress, sunburn and injury from rugged terrain.

**Stay on the trail** – follow trail markers.

Carry - a Personal Locator Beacon (PLB) or satellite phone. As mobile phone coverage is extremely limited, it could save your life.

**Be prepared** - for unexpected weather changes.

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DATE:			START TIME FOR YOUR HIKE:		ITICIPATED NISH TIME:				
NUMBER OF PEOPLE:									
HIKERS' DETAILS: (Providing this information and displaying it on your dashboard may help in an emergency)									

NAME	AGE	ANY KNOWN MEDICAL CONDITIONS	MOBILE NUMBER	

WHAT SAFETY EQUIPMENT DO YOU HAVE IN YOUR GROUP? (Please circle)							
First Aid Kit	Yes / No	Personal Locator Beacon (PLB)	Yes / No				
Other		Satellite Phone (number)					

Leave this on dashboard of your vehicle to assist first responders.