

MEDICAL INFORMATION

PERSONAL DETAILS

(This form to be retained by Team Manager on game day for use in case of emergency)

Players Name:

Address: Postcode:

Fathers Name:

Phone: Mobile:

Occupation (Optional):

Mothers Name:

Address: Postcode:

Phone: Mobile:

Occupation (Optional):

Ambulance Cover: YES / NO Private Health Fund Name (if any):

Family Doctor Phone:

List any medication the child is continually taking: ...
.....

List any Allergies/Medical Problems:

In case of emergency, it is essential to have an alternative contact:

Contact:

Phone: Mobile:

I give permission for my child to play with the Waverley Park Hawks and declare that the information provided on this form is complete and correct and that I will notify the Club if any changes occur. In addition, I authorize that team officials obtain for my child, medical and/or surgical treatment as may be deemed necessary, by appropriate medical authorities, in my absence.

Signed:(Parent/Guardian) Date:

The information contained herein will be kept strictly confidential