MEDICAL CONSENT FORM

I the undersigned acknowledge that the following information has been given by me to protect my child in the event of a Medical emergency. The Club will not under any circumstances divulge it to any unauthorised person without my permission, except in the case of my child requiring emergency medical care.

Name of Player :…….. Team :…….

Full Name of Parent or Caregiver :……..

Home Address:……

Home Phone: …… Mobile: ……

Next of Kin (if unable to contact the above) : ……

Phone: ……..Mobile:……

Name of Doctor: ……Phone No:……

Medicare Number: ……

Private Health Fund: ……..

Membership Number: ……

Are there any Medical allergies or health problems that we need to be aware of ? :

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In the event that I am not present or cannot be contacted on the above numbers, and my child requires urgent medical attention, I give my consent for my child to be taken for treatment, and that such treatment shall be at my cost.

Parent / Caregiver signature: …… Date: ……