

STUDENT CONFIDENTIAL MEDICAL DETAILS + CONSENT FORM

STUDENT'S FULL NAME:	
KNOWN IMMUNISATIONS: INCLUDE DATE, IF KNOWN	
DATE OF LAST TETANUS INJECTION:	
Immunised against Hep. B?	YES/NO
KNOWN ALLERGIES:	
ASTHMATIC?	YES/NO
IF YES, PLEASE PROVIDE MEDICATION DETAILS:	
OTHER CONDITIONS?	YES/NO
IF YES, PLEASE PROVIDE MEDICATION DETAILS:	
CAN CHILD ADMINISTER MEDICATION ?	YES/NO
CAN CHILD TAKE PANADOL ?	
ANY CURRENT INJURIES?	YES/NO
IF YES, PLEASE PROVIDE DETAILS:	
ANY OTHER RELEVANT MEDICAL HISTORY:	
AMBULANCE COVER? IF YES, Membership No.:	YES/NO
MEDICARE DETAILS:	FIRST NAME ON CARD:
	CARD NUMBER:
PRIVATE HEALTH COVER? INSURER: MEMBER NO. : TYPE OF COVER:	YES/NO
SPECIAL DIETARY REQUIREMENTS? DETAILS:	YES/NO

NOTE: It is the parents' responsibility to ensure that the student is adequately covered for Medical Hospital, Dental and Personal Accident & Injury Insurance. The Tournament Organisers/Team Managers cannot accept financial liability for any of these expenses.

PARENTAL PERMISSION TO RENDER MEDICAL ATTENTION

I hereby authorise the obtaining on my behalf of such medical assistance as my son / daughter may require in the event of accident or illness and guarantee to meet any costs incurred.

I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: _____
(Parent / Guardian)

Date: _____