

HCFC Medical Information and Consent Form

A copy of this form will be held in confidence by your child's Coach/ Team Manager.

Players Name _____ Date of Birth _____ M or F (Circle)

Address _____

Suburb _____

Post Code _____

Emergency Contact _____

Mobile Ph _____

Home Ph _____

Name and Address of Doctor _____

Phone No _____

Medicare No _____

Member of Ambulance Service Y or N

Private Health Fund _____

Member No _____

Please advise of you child's Medical Condition or Allergies:

If your child has a treatment plan please advise on reverse of this form.

Are you aware of any physical or psychological limitations of your child? If so please give details

Is there any other information which you believe may help us to provide the best possible care?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I consent a qualified person to provide first aid treatment as outlined in the attached emergency treatment plan and I further authorise HCFC, where I am uncontactable, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs

Signed _____

Parent/ Carer

Printed Name _____

Date _____

OFFICE USE ONLY

ORIGINAL

COPY

Date of Incident _____

Medical Treatment Given By: _____

Date of Incident _____

Medical Treatment Given By: _____

DETAILS TO BE PROVIDED ON REVERSE OF THIS FORM