

Tea Tree Gully Netball Club Player Medical Information

(The information below is confidential and will only be used in an emergency)

Surname _____ First Name _____

Date Of Birth _____

Address _____
_____ Postcode _____

Home Phone _____ Mobile _____

Emergency Contact Name _____

Relationship To Player _____ Players Medicare _____

Private Health Y / N

Doctor's Name _____ Phone No _____

Doctor's Address _____
_____ Postcode _____

Medical Information

Please Circle

Are you currently receiving medical treatment of any time? Yes / No

Do you suffer from a recurring medical condition? Yes / No

Epilepsy? Yes / No

Fainting/Dizzy spells or other sudden loss of consciousness? Yes / No

Heart Condition? Yes / No

Diabetes? Yes / No

Asthma? Yes / No

Allergies to Drugs, medicine, Bites or Stings? Yes / No

Other _____ Yes / No

If you answered Yes to any of the above please give details: _____

Any other relevant information? _____

Please Read Carefully:

I/We authorise the coach and/or team officials to obtain assistance and agree to pay all medical expenses incurred.

I/We agree that we will not hold Tea Tree Gully Netball Club liable for any injury sustained.

I/We give consent to ambulance transportation or private care transportation if required.

Players Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

(If player is under 18 years of age)