



BEAUMARIS SOCCER CLUB

Confidential Medical Information.

This information is intended to assist the coaching staff / Ambulance staff in case of any medical emergency that may arise. All information will be held in confidence.

Name.Date of Birth.....

Parent/Guardians Full name.....

Address.....

.....Post Code.....

Home Phone.....Mobile

Name and Address of Family Doctor.....

.....

Medicare No.....

Private Health Care Details (if applicable).....

Health Care Card No.....

Ambulance Cover No Yes Number.....

PLEASE NOTE THAT AMBULANCE COVER IS STRONGLY RECOMMENDED

Does your child suffer from any of the following;

- Fits of any type..... Heart Conditions.....Asthma.....
- Diabetes..... Blackouts..... Migraines.....
- Anaphylaxis..... Other

PLEASE ENSURE YOUR / CHILDS MEDICATION IS AT TRAINING AND GAMES AND THE TEAM MANAGER IS AWARE WHERE IT IS.

Allergies to;

Penicillin.....Other drugs.....

Other.....

What Special care is recommended.....

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Is your child on any form of ongoing medication, if so please state.....

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CONSENT TO MEDICAL ATTENTION

Where the Coach / Team Manager or Club Management is unable to contact me, or it is impracticable to contact me. I hereby give permission to the Coach / Team manager or Club management to seek treatment for my child at a hospital, or to call a Doctor and / or ambulance and / or dentist during an emergency and agree to pay all relevant costs involved.

Signature of Parent /Guardian.....

Date.....