

## Emergency Contact and Medical Information

Athlete Name		Date of Birth	M F Sex
Parent's/Guardian's Name (if athlete is Under 19)		Parent's/Guardian's Name (if athlete is Under 19)	
Mobile Phone	Work Phone	Mobile Phone	Work Phone
Address			
City		Post Code, State	

### Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Mobile Phone	Work Phone	Mobile Phone	Work Phone

### Medical Information

Doctor's Name		Phone Number	
Private Insurance Company		Policy Number	
Medicare Number		Expiry Date	
Heart Problems:	YES / NO	Respiratory Problems:	YES / NO
Allergies:	YES / NO	Recent Illness:	YES / NO
Blood Pressure Issues:	YES / NO	Diabetes:	YES / NO
Date of last Tetanus Shot:			

Additional Information
Drugs/Medications Required

This information is collected for the specific use in the DSA Representative program in which you are participating. In the event of an injury this information will be kept for a minimum of 7 years. If no injury occurs this information will be destroyed within 12 months of the program date. Personal details will not be provided to outside organisations unless required to do so by law or for medical treatment.

Athlete Signature	Date
Parent's/Guardian's Signature (if athlete is Under 19)	Date