

MEDICAL INFORMATION



Name: Mr/Mrs/Ms/Miss _____
Address: _____
Post Code: _____ Date of Birth: _____
Email: _____
Phone: H: _____ W: _____ M: _____

Additional Information

Please include as much information as possible

Date of last tetanus injection: _____
Heart Problems: Yes/No Details: _____
Respiratory Problems: Yes/No Details: _____
Allergies: Yes/No Details: _____
Recent Illness: Yes/No Details: _____
Drugs/Medication Required: Yes/No Details: _____
Drug Reactions: (eg penicillin allergy) Yes/No Details: _____
Blood Pressure: Yes/No Details: _____
Phobias: Yes/No Details: _____
Diabetes: Yes/No Details: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Contact Details: Ph: _____ Fax: _____

Medicare Number: _____ Expiry Date: _____

Emergency Contact: _____

Address: _____

Contact Details: Ph: _____ Ph: _____ M: _____
(Home) (Work)

In the event of an accident or illness, I authorise SQ personnel to seek medical attention and agree to pay all medial expenses incurred on behalf of the above named player. I further authorise qualified practitioners to administer anesthetic if the need arises.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(If official is under 18 years of age)

Privacy Statement

This information is collected for the specific use in the TSA 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.

