

Junior Player - Medical Form 2010

Player Details

Surname: _____ Given Name: _____
Address: _____
Suburb: _____ Post Code: _____
Home Phone: _____ Date of Birth: ____/____/____
Medicare No.: _____ Ambulance Cover: Yes / No (please circle)
Private Health Fund: _____ Membership No.: _____
Mothers Name: _____ Phone: _____
Fathers Name: _____ Phone: _____

Health Statement: Please disclose any chronic or recurrent ailment, allergy or physical condition of which you believe we should be aware _____

Emergency Contacts

Please list two persons who may be contacted in case of an emergency:

Name: _____ Relationship to player: _____
Phone: _____
Name: _____ Relationship to player _____
Phone: _____

Consent

In the event of any accident or illness, I, _____ as parent / guardian of _____ (child's name) authorise Kings Langley Hockey Club to seek medical assistance on behalf of my child. I undertake to pay all costs incurred while my child is under medical care.

Signed: _____ (parent / guardian) Date: ____/____/____
Signed: _____ (KLHC official) Date: ____/____/____