



Parental Permission/Student Medical Information

Students Name: _____ School: _____ Date of Birth: ___/___/___

Sport Trial Attending: _____ Date of Trial: _____

Preferred Playing Positions (Please list 2 if possible): _____

Emergency Contact Name and Phone Number: _____

Student Medical Information I submit the following medical information about the above student and include details of limitations which she/he has for the activity concerned.

| | | | |
|---|----------------------|--|---|
| Does/has the student suffered from - | | (detail current medication/management) | |
| a. | Allergies | Yes / No | _____ |
| b. | Asthma | Yes / No | _____ |
| c. | Blood pressure | Yes / No | _____ |
| d. | Drug reaction | Yes / No | _____ |
| e. | Epilepsy | Yes / No | _____ |
| f. | Heart problems | Yes / No | _____ |
| g. | Operations | Yes / No | _____ |
| h. | Phobias | Yes / No | _____ |
| I. | Recent illness | Yes / No | _____ |
| j. | Respiratory problems | Yes / No | _____ |
| k. | Travel sickness | Yes / No | _____ |
| Detail any other medical /injuries / problems which may limit participation in the activity | | | |
| _____ | | | |
| Immunisation Record - | Hepatitis B | Yes / No | Year _____ |
| | Tetanus | Yes / No | Year _____ |
| | Other | _____ | |
| Detail any medication(s) your daughter/son/ward is currently using _____ | | | |
| _____ | | | |
| Does your daughter/son/ward have - | | | |
| Medicare Card | Yes / No | Card No. _____ | Expiry date ___/___/___ cardholder name _____ |
| Private Health Ins | Yes / No | With _____ | Expiry date ___/___/___ cardholder name _____ |
| | | Card No. _____ | Category _____ |

Playing history:

Principal's Declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.

SIGNED: (Principal or Sports Coordinator) (Date)

Parental/Caregiver Consent

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that teachers will provide supervision at the event.
- I understand that transport to and from the event is my responsibility and that the arrival and departure arrangements are also responsibility of the parent/caregivers unless otherwise specified.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.

SIGNED: (Parent/Caregiver) (Date)