





**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)