



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)