



# Medical Profile Form

## Personal Details

Surname..... Given Name/s.....

Address.....

Suburb..... State..... Post Code.....

Email.....

Phone No..... Mobile No.....

Sex M/F..... Date of Birth...../...../.....

## Emergency Contact

Details of the parent/guardian

Surname..... Given Name/s.....

Phone No..... Mobile No.....

Relationship..... Email.....

Other contact number if applicable.....

## Health Care Details

Medicare No..... Private Health Insurance Yes/No..... Fund.....

Private Doctor..... Phone Number.....

Address.....

Suburb..... State..... Post Code.....

Current Medical Problems:

Regular medication including supplements, stating name and dosage:

Allergies:

Sport Injuries (Please list any injury which is current/recurring or requires surgery):

I hereby authorise the Supervisor in Charge, in circumstances where it is not possible or is impracticable to communicate with me to seek authority for my child, to provide consent for Surgical/Medical treatment as required.

I also consent to an ambulance being called if deemed necessary.

To the best of my knowledge, all information contained in this document is correct at the time of signing.

(If under 18 years of age please have a parent or legal guardian sign)

Signature.....

Date.....