Parklands Netball Club Inc.

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Medical Form

Player Name:_____

Address:_____

Suburb: _____ **Postcode:** _____

Telephone: _____ **Date of Birth:** _____

Emergency Contact Information

In case of emergency on during match or training night, please provide contact details:

Contact 1: _____ **Relationship:** _____ **Phone:** _____

Contact 2: _____ **Relationship:** _____ **Phone:** _____

	Yes	No	
Ambulance Subscriber	☐	☐	**Member Number:**_____

Medicare Number: _____ **Expiry Date:** _____

Private Health Company: _____ **Member Number:** _____

Medical History & Treatment Consent

Does your child have any medical condition which may require our attention during matches or training?

☐ **YES** ☐ **NO** If yes, please give details below.

_____

_____

If a problem arises relating to this condition what action should be taken? _____

_____

	Yes	No		Yes	No
Permission to apply ice	☐	☐	**Permission to lift player from court**	☐	☐
Permission to apply bandaids	☐	☐	**Permission to apply tape**	☐	☐

I give permission for **my child** to be given such medical treatment as may be deemed necessary in my absence.

…… ……..

(Parent/Guardian) **Signature** **Date**