



ABN: 72 893 760 500

Representative Player/ Umpire Medical Form

Name of Member: Date of Birth:

Emergency Contact Details:

Contact Name: Phone No:

Family Doctor: Phone No:

Health Cover Details:

Medicare Number:

Private Cover Name: Number:

Current Medical Details:

Date of Last Tetanus Immunisation:

Medical Conditions we should be aware of:

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Any Current Medication and Treatments:

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Please Note: *If specific medication, strapping tape etc is required, it is the responsibility of the player/umpire to supply adequate amounts*

Allergies: (Life Threatening: Yes / No)

Dietary Considerations:

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Other Conditions:

My signature below is my consent to the administration of first- aid as required. To be signed by a parent or guardian if the member is under 18.

Printed Name: Signature :

Relationship : Date :

Required:

Mobile/Weekend Contact Number: