



Grafton Netball Association

Official's Medical Form

Name : _____ Phone: _____

Email: _____

Address: _____

Contact person: _____ Phone: _____

Doctor's name: _____ Phone: _____

Medicare Card No.: _____

Do you subscribe to a health fund? Yes No

Fund name: _____ Fund no.: _____

Do you subscribe to an ambulance fund? Yes No

Fund name: _____ Fund no.: _____

Do you get bus/car/plane sick? Yes No

Do you suffer from asthma? Yes No

If yes, please attach Asthma Action Plan or provide details regarding medication / dosage:

Do you suffer from any allergies? Yes No

If yes, please attach Allergy / Anaphylaxis Action Plan, or provide details:

Please give details of any other condition we should know about. Attach sheet if required.

*In the event of serious injury to you , your contact person will be notified as soon as possible.
However, to avoid delay for you receiving appropriate treatment, your permission is required.*

During the period throughout the Representative netball season I give permission for any medical treatment deemed necessary, including anaesthetic should a doctor recommend, and I agree to meet all financial costs incurred.

Signed _____ Date _____