



## Grafton Netball Association

### Representative Player Medical Form – Under 18 years

Name : \_\_\_\_\_ DOB: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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.: \_\_\_\_\_

Does the player get bus/car/plane sick?  Yes  No

Does the player suffer from asthma?  Yes  No

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

\_\_\_\_\_

Does the player 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 your child / ward , you will be notified as soon as possible. However, to avoid delay 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 (Parent / Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_