Grafton Netball Association

Representative Player Medical Form – Over 18 years

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 _____