

Medical History and Authorisation Form

Junior Players - Personal Details

Surname		Christian names	
DOB		Phone No.	
Address			
Parent Names		Contact No.	
Emergency Contact Person		Phone No.	
Address		Relationship	

Medical Information

Immunised against Hep A or B	YES / NO	If yes, A or B	
Asthmatic	YES / NO	Medication	
Allergies	YES / NO	Details	
Blood Transfusion	YES / NO	Blood Group	
Heart Problems	YES / NO	Respiratory Problems	YES / NO
Epilepsy	YES / NO	Phobias	YES / NO
Recent Operations	YES / NO	Details	
Fractures in the past 3 years	YES / NO	Details	
Currently taking medications	YES / NO	Details	
Last tetanus Injection Date			
Permission to administer Paracetamol (Parent to supply)	YES / NO	Dosage	

Health Care Details

Medicare No.		Card Holders Name	
Pension Card No.		Health Care Card #	
Private Health Fund		Details	
Private or Hospital Doctor		Private or Public Hospital	
Current Doctor		Phone Number	

INDEMNITY:

This is to certify that I _____ (Parent/Guardian) hereby authorise the Officials of the MARYBOROUGH & DISTRICT HOCKEY ASSOCIATION INC to obtain on my behalf, any medical, dental or any other assistance as may be deemed necessary for the health and wellbeing of my son/daughter _____ (name) whilst a team member of the Maryborough Representative Hockey team. I authorise the administering of anaesthetic if this is deemed necessary by the attending medical officer, and I guarantee that I will meet costs incurred.

I indemnify all relevant MDHA Officials whilst in the course of carrying out their duties.

Signature of Parent / Guardian _____ Date: _____