



Medical History and Authorisation Form

Senior Players

Personal Details

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

Medical Information

Immunised against Hepatitis A or B	YES / NO	If yes, which one	
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	YES/NO	Details	
Covid Vaccination	YES/NO	1 dose	2 doses
Permission for Paracetamol to be administered (Parent to supply)	YES / NO	Dosage	

Health Care Details

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

INDEMNITY:

This is to certify that I _____ hereby authorise the Officials of Fraser Coast Hockey (incorporating HBHA and MDHA) to obtain on my behalf, any medical, dental or any other assistance as may be deemed necessary for my health and wellbeing whilst a team member of the Fraser Coast Representative Team. I authorise the administering of anaesthetic if this is deemed to be necessary by the attending medical officer, and I guarantee that I will meet any costs incurred. I indemnify all relevant Fraser Coast Officials whilst in the course of carrying out their duties.

Signature _____

Date: _____