



MEDICAL FORM

Participants Details

Name: _____ D.O.B: _____
Contact No. _____

Emergency Contact

First Name: _____ Last Name: _____
Home Phone: _____ Mobile: _____
Home Address: _____
Relationship: _____

Health Care Details

Doctor / Clinic: _____ Contact no. _____
Medicare number: _____ Ambulance Cover: Yes / No

Medical Details

Allergies: Yes / No If yes, please list:

Please list any other medical condition (for example, asthma, diabetes, epilepsy):

Injury History: _____

Hepatitis A Injection: Yes / No Hepatitis B Injection: Yes / No

Tetanus Injection: Yes / No Date: _____

Consent

I, _____ **Parent / Guardian**

Hereby consent to my child _____

- To train and play in the LCFA select team as designated by the Head Coach.
- For the Coach and Manager to obtain medical advice or assistance in the case of sickness or accident.

Parent / Guardian Signature: _____ Date: _____