



STUDENT MEDICAL FORM 2022

STUDENT'S NAME: _____
(Given Names) (Surname)

HOME ADDRESS: _____

HOME TELEPHONE: _____ MOBILE : _____ D.O.B: ___ / ___ / ___

EMAIL ADDRESS: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____ MOBILE: _____

ANY RELEVANT FAMILY HISTORY: _____

The personal details requested are to enable contact to be made with a player's parents in the event of any emergency and are strictly confidential.

Student Medical History and Authorisation-

Medicare No: _____ - _____ - _____

My son/daughter has been immunised against (Please show year immunised, if known):

Date of last anti-tetanus injection: _____

Name of private insurance company if insured against injury: _____

Is your son/daughter suffering from an injury or condition that is likely to be aggravated: YES/NO

If YES, please state injury or condition _____

Any other relevant medical history: _____

Have you been diagnosed as having Covid 19? Yes/No

Have you had contact with a known Covid 19 case in the last 14 days? Yes/No

Have you returned from overseas travel in the past 14 days? Yes/No

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness. I authorise administering of anaesthetic if the medical officer attending deems this necessary.

Signed _____ (parent/guardian) Date: _____

Please return this form to the **FRONT OFFICE**.