



Player information

Players Name		Date of Birth	
Address		Mobile	
Suburb		Postcode	
Medicare Number		Ambulance Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contact Details

Emergency Contact Name			
Mobile		Home Phone	
Doctors Name		Phone Number	
Dentist Name		Phone Number	

Medical Information

Medical Condition	Please tick:				Special Instructions for emergency Action
	Yes		No		
Epilepsy	Yes		No		
Fainting/Dizzy Spells (or other loss of consciousness)	Yes		No		
Heart Condition	Yes		No		
Diabetes	Yes		No		
Ear Disorder (particularly drainage tubes or deafness)	Yes		No		
Respiratory Disorder (particularly Asthma)	Yes		No		
Allergies (particularly insect bites and stings)	Yes		No		
Other relevant medical information	Yes		No		

Authorisation

I AUTHORISE THE COACH/TEAM MANAGER TO OBTAIN MEDICAL ASSISTANCE WHICH IS DEEMED NECESSARY AND AGREE TO PAY FULL MEDICAL EXPENSES INCURRED.

PARENTS NAME

PARENTS NAME

SIGNED

SIGNED

Disclaimer

The Sturt Basketball Club, team managers or coaches do not accept the duty of care for your child. The Duty of Care will remain the responsibility of the parents or guardians. Information on this form will only be used by the Club in the event that the Parents or Guardians are not in attendance or unable to be contacted by phone.