



Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a next of kin is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely and return it to your relevant age group coach. If a particular question is not applicable please write none or n/a otherwise none will be assumed. If additional space is needed please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/player to notify the Coach if any information needs to be added, updated, changed or deleted in any way.

CANDIDATE INFORMATION	
Name:	Date of Birth:
Address:	
Postcode:	Mobile:
EMERGENCY MEDICAL INFORMATION	
Please list any information relevant to your current state of health that you deem relevant for the tutor and any emergency medical staff.	
Allergies:	
Medical Conditions:	
Injuries:	
Medication:	
NEXT OF KIN DETAILS	
Name:	Relationship:
Phone:	Mobile:
If we cannot get hold of your first next of kin, please state a second below.	
Name:	Relationship:
Phone:	Mobile:

I hereby give consent to any and all health care providers, authorise any first aid, emergency treatment, including but not limited to transportation to and from health care facilities (doctors/hospital) and/or any medical professional to provide treatment, order injections, hospitalise, give anaesthesia or perform surgery. I understand that this authorisation is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which may be deemed advisable in the exercise of best judgement by the health care professionals.

Print Parent/Guardian

Signature Parent/Guardian

Date