

NORTHERN DISTRICT HOCKEY ASSOCIATION INC

Medical Form

PERSONAL DETAILS (please print)

Player's Name:.....
Address:.....
.....
Telephone:..... Mobile:.....
Date of Birth:..... E-Mail:.....

HEALTH STATEMENT (please fill in accurately)

If your child suffers ANY chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision may be made for your child's welfare.

- A Does your child suffer from any physical disability? YES/NO
- B Does your child suffer from Diabetes, Asthma or Epilepsy? YES/NO
- C Does your child have known allergies, drug or food related? YES/NO
- D Does your child wear glasses or contact lenses? YES/NO
- E Will your child be taking any medication with him/her to games and carnivals? YES/NO
- F Your child's Medicare Number.....
- G Are you in a private Health Fund? YES/NO
Name of Fund.....
Membership No.....
- H Do you have ambulance cover? YES/NO
- I Please list below TWO persons who may be contacted in case of an emergency:
Name..... Name.....
Address..... Address.....
.....
Phone..... Phone.....

Note: If the answer is YES from A to E, please give details on the back of this form.

Parent(s) or Guardian(s) Consent

I,..... Hereby give my child..... permission to attend games and fixtures required by Northern District Hockey Association Inc.

In the event of any accident or illness, I authorize the obtaining on my behalf such medical assistance as my child may require. I also consent to my child being admitted to hospital if deemed necessary in the event that I cannot be contacted or an emergency arises. I undertake to pay medical fees and/or cost of drugs and/or cost of transport seeking medical assistance, which may be incurred while my child is under medical care

Signed:..... Date:.....
Parent/Guardian

Signed:..... Date:.....
NDHA Representative