

# <Team Destination> <Year> Medical/Permission Form



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Medical Information

Local Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Individual #: \_\_\_\_\_

Private Medical Fund: \_\_\_\_\_ Last Tetanus Injection: \_\_\_\_\_

Allergies (eg. Bee sting, plants, drugs, foods, other), reaction and response needed: \_\_\_\_\_

Medical History (e.g. asthma, diabetes, epilepsy, knee problem, recent operation, injury or illness): \_\_\_\_\_

Medication/s Required (indicate dose and frequency): \_\_\_\_\_

## Emergency Contact

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Medical Emergency

I, \_\_\_\_\_ give consent for my child/self \_\_\_\_\_ to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon in an emergency situation arising during any StormCo event. I understand that the emergency contact person/s will be notified by telephone as soon as possible should an emergency situation arise.

Signature (OR Parent/Guardian if under 18yrs): \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Consent (if under 18 years of age)

I, \_\_\_\_\_, [parent/guardian] give permission for my son/daughter \_\_\_\_\_ to attend the StormCo trip to <team destination>, <team dates>.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_