



TOOWOOMBA MOUNTAINEERS
Personal Details, Medical History & Consent Form
Confidential Medical History & Authorisation



Personal Details

First Name: _____ Surname: _____

Address: _____

Tel: h _____ w _____ mobile _____

Gender: M F (please circle) Date of Birth: _____

Emergency Contact

First Name: _____ Surname: _____

Address: _____

Tel: h _____ w _____ mobile _____

Relationship: _____

Health Care Details

Doctor's name: _____ Tel: _____

Medicare number: _____

Private Health Fund: _____ Number: _____

Medical Details

Any Relevant Family History: _____

Date of last anti-tetanus injection: _____

Do you have any allergies: yes / no (please circle)

If yes, please list: _____

Please list any medical conditions that you have (for example, asthma, diabetes, epilepsy): -

Please list any regular medications you require (include dosage, any doctor's special instructions):

Please list any current or recurring injuries:

Do you have any special dietary requirements? If so please list:

I hereby authorise the obtaining on my behalf any medical assistance my son/daughter may require in the event of an accident or illness as is deemed necessary by the attending Medical Officer.

SIGNED: _____ (Player) DATE: _____

SIGNED: _____ (Parent/Guardian) DATE: _____