

MEDICAL INFORMATION ADVICE

NAME: _____

ADDRESS: _____

_____ POSTCODE _____

NEXT OF KIN/GUARDIAN _____

NEXT OF KIN ADDRESS (if different to above) _____

CONTACT TELEPHONE NUMBER: _____ (H) _____ (Mob)

E-mail _____

LOCAL DOCTOR: NAME: _____ TELEPHONE: _____

SPECIALIST: NAME _____ TELEPHONE: _____

MEDICARE NO: _____

HEALTH INSURANCE FUND _____ AMBULANCE COVER Y/N

MEDICATION CURRENTLY BEING TAKEN: _____

REQUIRED DOSE: _____

SPECIAL DIETARY REQUIREMENTS: _____

ANY KNOWN MEDICAL CONDITION/ALLERGIES: _____

ADDITIONAL INFORMATION: _____

As player/next of kin/guardian of this player, I give consent to participation in the 2010 Australian Canoe Polo Championships, and agree to the delegated authority to the persons nominated by Canoe South Australia Canoe Polo Technical Committee to manage/oversee the tour/competition.

I hereby authorise The State Team Manager to obtain any medical or dental treatment (including the administration of any anaesthetic or drugs), which they may consider by medical experts as necessary or expedient and for that purpose to engage any doctors, dentists, nursing assistant or hospital accommodation, and I AGREE TO PAY any expenses incurred with the treatment of the player. I submit the above medical form detailing any relevant medical history.

Signed: _____ Player or Next of kin/guardian (where player is under 18 years of age)

Print Name: _____ Date ____/____/____

Canoe SA Polo Administration: Date Received ____/____/____