



MEDICAL FORM

Players Name	
Contact Phone Number in event of emergency	
Name of Emergency Contact	
Doctor's Name and Practice	
Doctors Phone	
Medicare Number	
Do you have ambulance cover?	

MEDICAL CONDITION	YES/NO	FURTHER INFORMATION OR INSTRUCTIONS
EPILEPSY		
FAINTING/DIZZY SPELLS		
DIABETES		
EAR DISORDER		
RESPORATORY DISORDER (eg.asthma)		
ALLERGIES		
OTHER RELEVANT MEDICAL INFORMATION		

I authorise the coach/attendant to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred.

I understand that adequate supervision will be provided and that neither the Club (Garville Netball Club Incorporated) nor the coach, or any club official will be held responsible for any mishap which may occur.

Signature of Player:
 (if above 18 years of age)

Signature of Guardian:
 (for players under 18 years of age)