

UPPER HUNTER P.S.S.A.

MEDICAL INFORMATION SHEET

NAME:

SCHOOL:

SPORTS EVENT:

For the safety of your child the Upper Hunter PSSA considers it important that you complete the following medical information sheet and return it to your school sportsperson, who will forward it with all other forms to the convenor. This form is mandatory.

Medical Information

Details

- | | | | |
|-----|--|-----------------|----------------|
| 1. | Heart problems | Yes / No | |
| 2. | Respiratory problems | Yes / No | |
| 3. | Allergies | Yes / No | |
| 4. | Blood pressure | Yes / No | |
| 5. | Recent Illnesses | Yes / No | |
| 6. | Drug reaction (eg Penicillin) | Yes / No | |
| 7. | Tetanus needle | Yes / No | |
| 8. | Any other relevant information
(current medications, etc) | |
..... |
| 10. | Medicare Number | | |
| 11. | Private Health Insurance Fund
Private Health Fund Number | |
..... |
| 12. | Do you contribute to the NSW Ambulance? | Yes / No | |
| 13. | Emergency contact (on day of event): | Name: | |
| | | Address: | |
| | | | |
| | | Phone no: | |

I authorise the teachers or medical officer in attendance to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above student.
I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signed (Parent / Guardian)

Dated: