



# Player Medical & Consent Form

## CONFIDENTIAL

Please assist us with providing the information so that we can carry out our responsibility of care for participants. Your co-operation is appreciated. **One form per player.**

Name: \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Phone No. : (Hm) \_\_\_\_\_

(Mob) \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

In the event of an emergency, please list details for two contacts:-

Name	Relationship to Participant	Contact Number
1. _____	_____	_____
2. _____	_____	_____

### IMPORTANT - Special Dietary Requirements:

### Medical Information:-

Medicare Number: \_ \_ \_ \_ \_

Private Health Insurance membership details? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Will the player need to take any medication during the competition? \_\_\_\_\_

If yes, Please specify

In what year was the player's last tetanus injection?

Has the player previously broken/fractured any bones?

If yes, Please specify

Please indicate if the player has any of the listed conditions, give details and/or health management plan where necessary & medication.

Asthma:-

Fits/Convulsions: -

Epilepsy: -

Diabetes: -

Allergy – Food: -

Reactions: -

Other Illness: -

## Basic Care Details

Are there any conditions that require special attention we should know about, e.g. hearing or sight impairment, ADD or ADHD, behavioural issues, formal counselling situations, phobias or any other?

**Please list:-**

**IN CONSIDERATION** of the titles facilities provided by you for the named player, we hereby absolutely release QCSA inc and its employees, agents and voluntary helpers from and against all claims whatsoever arising out of death, personal injury or loss, of or damage to personal property that we or the player may suffer or sustain in the course of the tour provided and we hereby indemnify and agree to keep indemnified you, QCSA Inc and your employees, agents and voluntary helpers against all claims whatsoever by us or the player or by any person claiming through us or through the player or on behalf of the player in any way arising, and discharge may be pleased in bar to any such claim.

**PROVIDED** that the above does not apply to any claim or any claim to the extent QCSA is indemnified by a policy of insurance issued by a solvent insurer and,

**WE FURTHER AGREE** that in the event of injury to the player named, you are authorised by us to obtain at our expense any medical, ambulance or like services, which you in your absolute discretion think necessary or desirable.

1. Signature of Parents or Guardians of player under 18 years of age as at 31/12/2016
2. If over 18 please sign below in Section 2 ONLY.

1. \_\_\_\_\_  
Print Name of Father/Mother/Guardian      Signature of Father/Mother/Guardian      Date

2. \_\_\_\_\_  
Print Name of Player      Signature of Player      Date

**THESE FORMS ARE ONLY FOR USE IN EMERGENCY SITUATIONS AND ARE TO BE KEPT BY TEAM MANAGER.**