



## STUDENT MEDICAL FORM 2024

STUDENT'S NAME: \_\_\_\_\_  
(Given Names) (Surname)

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ MOBILE : \_\_\_\_\_ D.O.B: \_\_\_ / \_\_\_ / \_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

ANY RELEVANT FAMILY HISTORY: \_\_\_\_\_

The personal details requested are to enable contact to be made with a player's parents in the event of any emergency and are strictly confidential.

### ***Student Medical History and Authorisation-***

Medicare No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student Ref No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

My son/daughter has been immunised against (Please show year immunised, if known):

\_\_\_\_\_

Date of last anti-tetanus injection: \_\_\_\_\_

Name of private insurance company if insured against injury: \_\_\_\_\_

Is your son/daughter suffering from an injury or condition that is likely to be aggravated: YES/NO

If YES, please state injury or condition \_\_\_\_\_

Any other relevant medical history: \_\_\_\_\_

\_\_\_\_\_

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness. I authorise administering of anaesthetic if the medical officer attending deems this necessary.

Signed \_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_

Please return this form to the **FRONT OFFICE**.