

Medical Consent and Indemnity

For _____ (Team member)

For Travel to: _____ Dates of travel _____

Address: _____ Post Code: _____

Telephone: _____ Mobile: _____

Email: _____ Religion: _____

1. I, (parent if under 18) _____, hereby give permission for the Team Manager, or designated representative, to seek medical aid in the event of an accident, injury, or illness to the above team member.

2. General medical aid, including transport, will be at the discretion of the Team Manager, or designated representative.

In addition:

Specific permission, on appropriate medical advice, is given for the following:

- Traumatic injury requiring surgery Yes No
- General Anaesthesia Yes No
- Has your child been vaccinated for Hep A Hep B Tetanus?
- Does your child suffer from a condition that could involve hospitalization (eg. asthma, bronchitis etc)? Yes No

Known Allergies: _____

Medical Problems: _____

Pittwater Sports Centre Pty. Ltd.

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Medication required (please include dosage):

- Name of Medication: _____ Dosage: _____

(N.B. Medication can only be administered if dosage is clearly labeled by Dr and Pharmacy Pack)

- Does your child suffer from the condition of bed wetting? Yes No

- Medicare Number: _____

- I/We have additional Hospital /Medical cover Yes No

Name of Fund: _____ Membership Number: _____

- I/We have Travel Medical Insurance: Yes No

Insurance Company: _____ No: _____

Signature: _____ (Team Member)

_____ (Parent/ Guardian) (if Team Member is under 18 years old)

Note: Parents will be contacted, if possible, prior to any medical attention being given.