

MEDICAL QUESTIONNAIRE & CONSENT FORM 2018				
Full name of player:			Date of Birth:	
Parent / Guardian:				
Address:				
Post Code:				
Home telephone No:				
Work telephone No:				
Mobile telephone No:				
Emergency No: (if others unavailable)				
Email address:				
Own Passport: Yes / No Passport No:				
Have you had a Tetanus injection in the last 5 Years: Yes/no				
Does your child suffer from any chronic illness or complaint for which he takes any regular medication? (Asthma, Hay fever, Eczema, etc.)				
Illness/complaint:				
What medication does your child take regularly?				
Medication			Dosage:	
Dosage:				
Are there any illnesses your child has had in the past that you feel it is important for us to know about? (e.g. fits, migraine, operations, asthma, diabetes etc.):				
Is your child allergic to anything? If so, what: (including medicines, dressings, pollens, food etc:				
Do you know of any other information that could be relevant to this tour :				
Special dietary needs, vegetarian etc:				
Playing Kit Measurements:				
Kit Size:	Small	Medium	Large	Ex. Large
ANY CHANGES TO BE NOTIFIED TO THE TOUR ORGANISER IMMEDIATELY AS THEY BECOME KNOWN AND BEFORE THE TOUR PARTY LEAVES AUSTRALIA.				
Should the necessity arise I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment (including but not limited to blood transfusions and invasive surgery) to be given.				
Player	Signature:		Date:	
Parent/Guardian	Signature:		Date:	