

## Sunshine Coast Hockey Association – Player Details and Medical Information

Name:	
DOB:	
Address:	
Home Phone:	Mobile:
Parent Name: (If Under 18)	
Emergency Contact Details: Name:	
Phone:	
Relationship to Player:	
Medicare Number:	
Do you have private health insurance?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does the Player suffer from any of the following:	
Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Heart Conditions	<input type="checkbox"/>
Other illness/disease	<input type="checkbox"/> Please Specify:
If you have ticked any of these conditions, please give details:	
Is the Player suffering from any disease, condition or injury that is likely to be aggravated by the Competition or that the Team Management should be aware of?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, please give details:	
Is the Player taking any medication?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please give specific details:	
<b>AUTHORISATION TO ADMINISTER PAIN RELIEF</b> (Applicable to players under 18 years of age only)	
I hereby authorise my child to be administered one (1) single dose (amount according to packaging directions of Panadol or similar) in the event of a high fever/headache. I understand that my child will be taken to a medical practitioner if these symptoms continue.	
The information given by me on this form is true and correct:	
Name:	
Signature: (Parent or Guardian if Player is under 18 years of age)	
Date:	