



### Sunshine Coast Medical Consent Form

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Email Address:</b>
<b>Contact Number:</b>	<b>Medicare Number:</b>
<b>Next of Kin: Contact Details:</b>	<b>Health Insurance: Yes / No Details:</b>
<b>Family Doctor:</b>	<b>Personal Accident &amp; Injury Insurance: Y / N Details:</b>
<b>Blood Group:</b>	<b>Transfusions allowed: Yes / No</b>
<b>Allergies:</b>	<b>Asthma:</b>
Please list any other relevant medical history or medication requirements.	
<p><b>NOTE:</b> It is the player's or the U18 player's parents' responsibility to ensure that the player is adequately covered for Medical, Hospital, Dental and Personal Accident &amp; Injury Insurance. Sunshine Coast Water Polo will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the U18 player is away from home, parents will need to document details in separate correspondence to the Team Management.</p>	
<p><b>Medical Authorisation – U18 Player</b></p> <p>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 and guarantee to meet any costs incurred.</p> <p>I authorise the administering of anesthetic if this is deemed necessary by the medical officer attending.</p> <p>I authorise the Team Manager to seek medical attention for my son/daughter on my behalf, if it is felt necessary by him/her and further authorise the Medical Practitioner, who may examine or treat my son/daughter, to make full disclosure to the Team Manager of any diagnosis or treatment that has been made or prescribed.</p> <p><b>Name:</b> <b>Signed:</b> (Parent/Guardian)</p> <p style="text-align: right;"><b>Date:</b></p>	