



**Emergency Contact and Medical Information**

Full Name	Date of Birth	<input type="checkbox"/> Male
Mobile	Home/Work Phone	<input type="checkbox"/> Female
Address	Address	<input type="checkbox"/> N/A

**Emergency Contacts**

Primary Contact	Secondary Contact
Relationship	Relationship
Work Phone	Work Phone
Mobile	Mobile

**Medical & Dietary Information**

Medicare No.	Hospital Pref.
Medical Clinic	Doctor's Name
Clinic Phone	Doctor's Phone
Blood Type	Other
<b>Private Health Insurance</b>	<b>International Travel Insurance</b>
Provider	Provider
Membership No.	Policy No.
Phone No.	Emergency Phone
<b>Allergies/Health Considerations/Known Medical Issues</b>	<b>Current Prescribed Medication</b>

**Relevant past surgeries and injuries**

Vegan  Vegetarian  Gluten Free (Coeliac)  Food Allergy  
Provide details Attach another page if needed.

**Medical Treatment Consent**

Under 18: I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed for my child whilst my child is in the care of Handball Australia and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Name Signature Date

Over 18: I give permission for Handball Australia, Handball Queensland, and individuals acting on its behalf to authorise medical treatment as prescribed by attending physicians and/or paramedics if I am incapacitated.

Name Signature Date