

# Medical Consent Form



SURNAME: \_\_\_\_\_ CHRISTIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_

TENNIS SA REGISTRATION NUMBER: \_\_\_\_\_

POST CODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MEDICARE NUMBER: \_\_\_\_\_

Are you covered by Private Health Insurance?  Yes  No

Please provide the name of the fund \_\_\_\_\_

Please circle the type of cover **Hospital** ..... **Extras** \_\_\_\_\_

Are you covered by Ambulance subscription?  Yes  No

Do you receive any regular prescribed medication?  Yes  No

Name of medication \_\_\_\_\_

When is it to be given? \_\_\_\_\_

How and what dosage to be administered? \_\_\_\_\_

Have you received a complete course of TETANUS immunisations?  Yes  No

Please provide the date of the last booster injection: \_\_\_\_\_

Do you have any allergies/sensitivities? (Including food allergies) \_\_\_\_\_

Do you have any of the following conditions or any other conditions which may affect you that we should know?

ASTHMA

ALLERGIES

EPILEPSY OR SEIZURES

ALLERGIES

DIABETES

OTHER PLEASE SPECIFY

Please list any other relevant medical information \_\_\_\_\_

## PERMISSIONS

- I agree for a representative of the Club to request Ambulance support if required.
- I agree for my child to participate in the game of Tennis
- I understand that the Vine Vale Tennis Club TAKES NO RESPONSIBILITY FOR ANY INJURY, ILLNESS OR ADMINISTERING ANY MEDICATIONS.

SIGNATURE: \_\_\_\_\_  
PARENTS SIGNATURE IF CHILD UNDER 18

DATE: \_\_\_\_\_