



HEALTH PROFILE AND MEDICAL CONSENT

ONE FORM MUST BE COMPLETED FOR EACH PLAYER.
THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT

PLAYER DETAILS:

Full Name

Date of Birth

(Note: if this your first time as a Marlborough Rep, a COPY of verification of birth (Birth Cert./Valid Passport) MUST accompany this form).

EMERGENCY CONTACT DETAILS:

MAIN CONTACT (PARENT/CAREGIVER)

Full Name

Relationship

Mobile Number

Email Address

ALTERNATIVE CONTACT

Full Name

Relationship

Mobile Number

Email Address

MEDICAL INFORMATION:

MEDIC ALERT NUMBER:

1. Please tick if your child has any of the following:

<input type="checkbox"/> Migrane	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Seizures/Fits of any kind
<input type="checkbox"/> Chronic Nose Bleeds	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Dizzy Spells
<input type="checkbox"/> Colour Blindness	<input type="checkbox"/> ADHD	<input type="checkbox"/> Other (please specify)

Please provide relevant details:

Sleepwalking Bedwetting Sleeping Difficulties Other (please specify)

Please provide relevant details:

2. Medications:

Is your child currently taking medication?

Yes No

If YES, please provide relevant details:

Health Condition	Name of Medication	Dosage	When Taken

What pain or flu medication can your child be given if necessary? Dosage?

3. Allergies:

Is your child allergic to any of the following? Provide specific details:

<input type="checkbox"/>	Medications	
<input type="checkbox"/>	Food	
<input type="checkbox"/>	Insect Bites/Stings	
<input type="checkbox"/>	Other Allergies	

What treatment is required?

3. Infections:

When was your child's last tetanus vaccination?

Year Not vaccinated

To the best of your knowledge. Has your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes No

If yes, please give brief details

3. General Wellbeing:

Is there any information the manager/MBA should know to ensure the physical and emotional safety of your child? (e.g. cultural practices, disability, anxiety, behaviour or emotional problems)

Yes No

If yes, please give details (or include separately)

CONSENT:

Please tick and sign at the bottom:

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration
- I will inform the MBA as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present
- Any medical costs not covered by ACC or a community service card will be paid by me
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense

To be read and signed by parent/caregiver of child participant.

Name			
Signed		Date	