



College Cricket Club Medical and Emergency Contact Information

GENERAL DETAILS

Players Full Name:

Date Of Birth:

Home Address:

Town:

Post Code:

Home Phone Number:

Mobile Number:

EMERGENCY CONTACT DETAILS

Name:

Relationship:

Contact Number:

Alternate Contact Number:

MEDICAL

Name Of Childs Doctor:

Practice Name:

Practice Location:

Telephone Number:

Ambulance Cover: Yes / No #

Medicare Number: #

OTHER INFORMATION

Do you require transport to and from games?

Yes \ No

Are your parents available to assist as: (ask them, before answering this question)

Team Scorer

Yes \ No

Team Helper

Yes \ No

Team Coach

Yes \ No

If yes, parents WWC Number:

WWC Expiry Date:

Details of allergies or pre-existing medical conditions and needs and any management procedures to be followed with respect to that allergy, condition or need. Any action plans must be provided.

I give permission for medication/first aid to be given to my child by his/her coach when required.

This information is all true and accurate as of the date specified below.

Parent Name (Printed): _____

Parent Name (Signed): _____

Date _____/_____/_____