



PLAYER/PARENT CONSENT FORM -(to be completed by ALL players and/or parent/legal guardian if under 18 years)

Any personal information listed on this form is considered private and will only be disclosed to medical personnel in the event of necessary medical attention or an emergency. All details will otherwise be kept confidential.

This form must be filled in fully, leaving no unanswered areas, otherwise it will not be accepted by the Toowoomba Hockey Association, and the child in question will be deemed ineligible to take part in the representative team.

Player Personal Details			
Surname:		First Name/s:	
Date of Birth:		Gender:	
Player Contact Details			
Phone Number:		Email:	
Home Address:			
Emergency Contact Details (please provide 2) including Parent/Guardian			
1. Name:			
Address:			
Phone Number (AH):		Phone Number (BH)	
Phone Number (Mobile)		Relationship:	
2. Name:			
Address:			
Phone Number (AH):		Phone Number (BH)	
Phone Number (Mobile)		Relationship:	
Player Medical History			
Family Doctor Name:			
Address:			
Phone Number:			
Religion:			
Do you have any religious beliefs which will affect the administering of medical or emergency attention to your child: If so, please specify what this is and what we need to advise the medical authorities of:			
Player Immunisation History (state type & year):			



Player Allergies:			
Date of last Tetanus Injection:			
Does this player suffer from Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Asthma and Other Medication Notification Form (Hockey Queensland – Form 6)			
Health Insurance Fund		Number:	
Medicare Number:			
Please provide any further medical information (current injuries or current medications):			
Do you consent for this player to be given Panadol/Asprin: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there any other information that would assist THA in meeting the needs of the player:			

I hereby authorise the obtaining of any medical assistance for my son/daughter in the event of a accident or illness.

I also hereby agree to have all fees paid in full seven (7) days before departure to championships.

Name of Player/Parent/Guardian

Signature of Player/Parent/Guardian

____/____/____
Date

Witness Name

Signature of Witness

____/____/____
Date