



MEDICAL REPORT

Development/Representative Programs

AFL Cairns Juniors requires this information to assist us, in case of any eventuality with the children. All information is held in confidence, and these forms are destroyed at the end of the current calendar year.

We ask parents to note the following requests and abide by them. Please complete and return as soon as possible.

CHILD' S NAME: _____ D.O.B. _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN ADDRESS _____

PHONE _____ (AH) _____ (BH) _____ (MOB) _____ (FAX)

AGE GROUP (Please circle) U14 U16 Boys U17 Girls U18

FAMILY DOCTOR _____ CONTACT NO _____

MEDICARE NO: _____

MEDICAL/HOSPITAL FUND _____ NO: _____

1. Is your child presently taking tablets and/or medicine? YES/NO
If yes, please state name of medication, dosage etc.

2. ALL MEDICINES MUST BE HANDED TO THE ORGANISER IN CHARGE WHEN ARRIVING AT CAMP/EXCURSION, WITH YOUR CHILD'S NAME, THE DOSAGE TO BE TAKEN AND WHEN IT SHOULD BE TAKEN. (These will be kept in the First Aid Centre and distributed as required). PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILE ON THE CAMP/EXCURSION.

3. Please tick if your child suffers any of the following:

- | | | | |
|------------------|-----------------|-----------|-----------------|
| Fits of any type | Heart condition | Blackouts | Sleepwalking |
| Asthma | Dizzy Spells | Migraine | Travel Sickness |

Other _____

What special care is recommended _____

4. Has the child been immunized against Tetanus? YES/NO If yes what was the date? _____

5. Has the child been immunized against Hepatitis B? YES/NO If yes what was the date? _____

AUTHORITY

- AFL Cairns Juniors **MAY/MAY NOT (circle one)** record sound and/or vision of my child whilst my child is taking part in representative sport activities.
- AFL Cairns Juniors understand that I own the intellectual property rights in my child’s sound and vision, and that his permission form is not meant to transfer ownership.

I GIVE/DO NOT GIVE (circle one) permission to AFL Cairns Juniors to use my child/sound/vision, and/or their name for:

- a) the media activity listed above which will assist with AFL Cairns Juniors resource needs.
 - b) Future media activities which would assist with further AFL Cairns Juniors sport activities.
 - c) Promoting and advertising of AFL Cairns Juniors and its participants; and
 - d) Any commercial purpose.
 - e) I will not withdraw the permission I have given, and AFL Cairns Juniors understands that I may choose to give this permission to other people.
- I understand that by giving this permission, AFL Cairns Juniors can use my child’s sound and/or vision in any way it chooses, for the purposes described above. It may reproduce them in any form, in whole or in part, and distribute them by any medium including the Internet, CD-Rom, or other multi-media uses.
 - I understand that I will not be paid by AFL Cairns Juniors for giving this permission.
 - I hereby authorize the medical practitioner listed above to provide to hospital authorities or other qualified medical practitioner(s) additional information concerning any of the medical conditions listed above should the need arise.
 - I hereby authorize the supervising officials to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occur.
 - I agree to pay any ambulance, medical, dental and/or pharmaceutical expenses incurred on behalf of the above child which are not covered by my personal/family subscription, medical benefits fund (or travel insurance in the case of overseas travel).
 - I further authorize qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.

Please sign this statement required by the organizer for all children attending the camp/excursion.

I authorize the organizer in charge of the camp/excursion, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Emergency Contact Details	
Full Name:	
Address:	
Relationship to Child:	
Home Phone Number:	
Mobile Number	