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Administration
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Medical Release Form

This form is to be completed by Parents/Guardians of all Junior players. Once completed this form must be kept by the coaches/managers over junior teams, in case of an emergency. It is also recommended that a copy of this form be kept in the kit bag of the Junior.

Players Name……Date of Birth……

Address……

Telephone (H)…… (W)……

Emergency Contact Name……

Address……

Telephone (H)…… (W)……

Medical/Hospital Fund……Number……

Does your child have allergies to:

Penicillin Drugs Foods

Other (please specify)……

Date of Last Tetanus Immunisation……

I authorize the coach/manager/responsible person, to consent, where it is impractical or there is an inability to contact me, to my child receiving such medical and/or surgical treatment as may be deemed necessary.

Parent/Guardian Signature……Date……

Club President……

Club Secretary……

IT Manager
Dale Blake
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