The following information is to ensure the well-being of your child whilst playing netball with the St Monica's Netball Club (“the club”). Please answer all the questions and sign the form as indicated. The information will be kept confidential and only used for a medical emergency.

In the event of serious injury or illness, I authorise the calling of an ambulance should it be required. I have ambulance cover or if not, I am prepared to accept and pay all necessary costs.

Signature of parent/guardian:

# Medical Conditions or Allergies

|  |  |  |
| --- | --- | --- |
| Condition | No | Yes (Details) |
| Respiratory Disorder e.g. asthma |  |  |
| Allergies (medications, stings etc) |  |  |
| Other medical information, medication, etc. |  |  |

*PLEASE bring puffers to all training sessions and matches.*

Relevant health care plan attached for asthma, allergies or medications.

# Emergency Contact Other than parents

1. Name: Ph: Mob:

2. Name: Ph: Mob:

I give consent for (full name of Child)

of (Address) Postcode:

to participate in netball activities with St Monica’s Netball Club. I understand the club will take reasonable care of my child, but acknowledge that the welfare of my child remains my responsibility at all times. I authorise the club to obtain medical or hospital attention for my child at my expense should they consider it necessary and I am unable to be contacted.

Name of parent/guardian:

Signature of parent/guardian: Date:

I give consent for (full name of Child)

to be photographed as a team and individually whilst participating in the Have a Ball program at St Monica’s Netball Club. Photos may be used to promote the club at presentation night and on the website.



Signature of parent/guardian: Date: