



Fitzroy Doncaster Cricket Club

UNACCOMPANIED PLAYER UNDER 18 YEARS OF AGE PARENT/GUARDIAN PERMISSION FORM

**** This form is to be completed and signed by a Parent/Guardian of any Player under the age of 18 attending an overnight event organised by the Club, *unless* the Player is accompanied by a Parent/Guardian during the overnight event.**

Club Event/Date:

Player's Name:

Attendance Consent

Having read the information provided by the Club, I consent to my child attending this event.

Medical consent

In the case of an emergency, where the Club is unable to contact me or it is otherwise impracticable to contact me, I authorise the Club to:

- Administer such first-aid as the Club judges to be reasonably necessary.
- Refer my child to a medical facility.

Emergency Transportation Consent

In the case of an emergency, I consent to my child being transported to a medical facility in a privately-owned vehicle driven by a member of the Club.

Medical Details

I have completed the attached Confidential Medical Details Form.

Parent/Guardian: _____ (full name)

Parent /Guardian (signature): _____ Date: _____



Fitzroy Doncaster Cricket Club

Confidential Medical Information for Overnight Events

The Club will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the overnight event is conducted.

Parents are responsible for all medical costs incurred if a Player is injured on a Club overnight event.

Overnight Event/Date:

Player's full name:

Player's Mobile Number:

Player's address:

Postcode:

Date of birth:

Parent/guardian's full name:

Name of person to contact in an emergency:

Emergency telephone numbers: *After hours:*

Business hours:

Name of family doctor:

Address of family doctor:

Medicare number:

Medical/hospital insurance fund:

Member number:

Please note: The Club recommends that all Players have ambulance cover, as emergency transportation can be quite expensive. Please check with your health care provider to determine if you have private health cover for ambulance transportation.

Ambulance subscriber? Yes No If yes, ambulance subscriber number:

Please tick if your child suffers any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Asthma (<i>if ticked, please attach copy of Asthma Management Plan</i>) | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Migraine | |

Other: _____

Swimming ability

Please tick the distance your child can swim comfortably.

- Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50-100m)
 Competent swimmer (100-200m) Strong (200m+)

Allergies

Please tick if your child is allergic to any of the following:

Penicillin Other Drugs: _____

Foods: _____

Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____

(Tetanus immunisation is normally given at five years of age as Triple Antigen or CDT, and at fifteen years of age as ADT)

Dietary Requirements

Medication

Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the Club official-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the Club official-in-charge and distributed as required. Inform the Club official-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the Club official-in-charge and you.

Signature of parent/guardian (named above): _____

Date: _____