



# Point Lonsdale SLSC Medical Information Form

<i>Office Use Only</i>	
BRONZE	SRC
IRBD	ARTC
IRBC	SFA

STRICTLY CONFIDENTIAL WHEN COMPLETED

Member's Full Name: \_\_\_\_\_ D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Member's Contact Phone (During Program) \_\_\_\_\_ (Home) \_\_\_\_\_

Family Medicare No. \_\_\_\_\_ Private Health Cover: YES / NO

Ambulance Cover: YES / NO

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known allergies to food, drugs, insect bites, chemicals or other?  
\_\_\_\_\_  
\_\_\_\_\_

If severe, what is the reaction? What are the treatment details?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any of these physical/health conditions?  
 Asthma (attach any special treatments)     Migraine / Severe Headaches  
 Diabetes     Arthritis / Scoliosis     Epilepsy / Convulsions     Joint Problems  
Any Other: \_\_\_\_\_

What routine medications (and dosages) are required for these conditions?  
\_\_\_\_\_

Last Tetanus injection date: \_\_\_ / \_\_\_ / \_\_\_    Hepatitis B immunized? YES / NO

Emergency Contact During Program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## DECLARATION

To be signed by a parent/guardian if member is under the age of 18

In the event of accident or illness, I authorize the person in charge to obtain all necessary medical assistance and hospital accommodation, including the administration of anaesthetics, blood transfusions and operations. I undertake to pay all medical and hospital expenses on demand.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(or Member, if aged 18+)

Date: \_\_\_ / \_\_\_ / \_\_\_

**SEE NEXT PAGE – WE ALSO NEED PROOF OF AGE AND IDENTITY**



## Point Lonsdale SLSC Proof of Age and WWCC

Member's Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I enclose a photocopy of the following ID document:** (please tick)

- Australian Birth Certificate**, showing date of birth
- Current Australian or New Zealand Passport**, showing date of birth
- Medicare Card PLUS Learner Permit or Licence**, showing date of birth
- Medicare Card PLUS Photo ID**, showing date of birth

### Working With Children Check (WWCC)

**Are you aged 17+ at season start, 30 September?** Strict test, no exceptions.

- No** – you do not need a WWCC.
- Yes – you require a WWCC.** Please see WWCC below

If you ALREADY have a WWCC that lists Point Lonsdale SLSC please list the number here: \_\_\_\_\_

IF NOT you will need to apply. Please list the following details here:

WWCC application number: \_\_\_\_\_  
(this is printed on the post office docket, when you lodge your application)

WWCC application date: \_\_\_\_\_

Did your WWCC application list our club (at "PO Box 120" address)? YES / NO

More information on how to apply for a WWCC can be found at:  
<http://www.pointlonsdaleslsc.asn.au/the-club/working-with-children-check/>

### POST TO THE CLUB

Point Lonsdale SLSC  
Attention: Training  
PO Box 120  
Point Lonsdale 3225

**If you are not already a member at Point Lonsdale SLSC this season,  
you must also apply for club membership.**

<http://www.pointlonsdaleslsc.asn.au/the-club/membership/>