

# MCKINNON NETBALL CLUB MEDICAL FORM



Please complete and return the form to MNC



McKinnon Netball Club Inc  
CI No. A0107114L  
[info@mckinnonnetball.com.au](mailto:info@mckinnonnetball.com.au)

|   |                               |
|---|-------------------------------|
| NAME  |                               |
| ADDRESS   |                               |
| PHONE NO  | MOBILE NO                     |
| DATE OF BIRTH   |                               |
| NEXT of KIN and RELATIONSHIP  |                               |
| PHONE NO  | MOBILE NO                     |
| WORK NO   |                               |
| Do you have any allergies? Please specify, giving recommended treatment   |                               |
| If your child has any specific requirements eg non allergy tape, asthma medication, latex free gloves etc. These must be provided by the player.  |                               |
| Any other medical information. Please give details of any medication required dosages etc   |                               |
| Medicare no   | Ambulance membership – YES/NO |
|   | Membership no                 |
| Private Health insurance fund and membership number (if applicable)   |                               |
| I authorise the person in charge to consent to any emergency medical and /or surgical treatment deemed necessary to my child after all reasonable attempts to contact me. I will undertake to meet all medical expenses incurred. |                               |
| PARENT/GUARDIAN   |                               |
| SIGN  | DATE                          |