



## Medical / Health Information Form

Players Name: \_\_\_\_\_

Tournament: \_\_\_\_\_

### Player Details

1. Does your child suffer from any of the following?

Diabetes: Yes / No	Allergies to Bee Stings: Yes / No	Asthma: Yes / No
Migraines: Yes / No	Rashes (On Feet etc.): Yes / No	Epilepsy: Yes / No
Travel Sickness: Yes / No		

If **YES** to any of the above, please indicate treatment necessary:

\_\_\_\_\_

2. Is your child allergic to any food, medicine or drugs? Yes / No

If **YES** what food / medicine / drugs? Does your child have medicine or a treatment plan in case of accidental consumption? Please describe symptoms.

\_\_\_\_\_

3. Is your child currently on any medicine? Yes / No      Self Administering? Yes / No

Please supply details.

\_\_\_\_\_

4. Is there any other information concerning your child that may assist us?  
(e.g. Vegetarian, sleepwalker, cultural practices)

Please Specify; \_\_\_\_\_

5. Do you consent to the Manager providing your child with any of the following?

- Panadol Yes / No      - Arnica cream or tablets Yes / No

It is understood that the management staff will try to the best of their ability to consult parents, prior to players receiving medical treatment, however in an emergency; I agree that my child will be able to receive any required medical treatment while representing Otago Water Polo during 2023. I understand any medical costs not covered by ACC will be paid by me.

Consenting Parent / Guardian Name: \_\_\_\_\_

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

Consenting Parent / Guardian Signature: \_\_\_\_\_

Contact Phone Numbers:

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

***This form is confidential to Team Management and will be destroyed after the tournament.***

