MEDICAL INFORMATION FORM

This form must be completed for each person attending, including all non-players. The information provided will be confidential to the organising team, relevant staff at the venue, and emergency services. Need more copies? Any concerns/queries contact *Jane May 0414 427 446.*
Please return Medical form with Booking form by Friday 28th August 2026.

Personal details

Name_____

Home phone_____Mobile phone_____

Date of birth_____

Relevant medical information eg: diabetic, asthmatic_____

_____

Are you a member of Ambulance Victoria? Yes No

Do you have a current first aid certificate? Yes Which level? No

If you have a current first aid certificate, would you be prepared to administer first aid if required during the weekend? Yes No

Contact to be notified in case of emergency

Name_____Relationship_____

Home phone_____Mobile phone_____

Dietary Requirements **circle:** white or wholemeal bread

I am a Vegetarian Vegan Other (please give **specific** details)

_____

I am unable to eat foods containing: Gluten Dairy Peanuts or nut extracts Fish Eggs

Other (please give details)

PLEASE NOTE WE WILL ORGANISE FOOD ACCORDING TO THIS INFORMATION

_____

A treatment plan is required for any life threatening allergies

Signature_____ Date_____