

## **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 29th August 2025.**

### **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

I am a      Vegetarian      Vegan      Other (please give 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\_\_\_\_\_