



Reg No A003940K

**Gippsland Swimming
Inter District Team Medical Form**
(To be handed to the Team Manager on the Bus)

Name _____ Date of Birth _____ Age _____

Emergency Contact Name _____ Phone _____

Family Doctor

Name _____

Address _____ Phone _____

Medicare Number _____ Member Number _____ Expires _____

Ambulance Subscription YES/NO

Medical Condition	Circle	Further information or instruction (please attach additional information if space here is insufficient)
Travel Sickness	Yes/No	
Asthma	Yes/No	
Fainting/dizzy spells	Yes/No	
Ear Disorder	Yes/No	
Allergies	Yes/No	
Food Intolerance or dietary needs	Yes/No	
Other		

In the event of illness or accident I authorize the obtaining on my behalf of such medical assistance as my child may require. I accept all operations, blood transfusions and or anesthetic risks involved and the responsibility for payment of my expenses including ambulance costs.

(Signature of Parent)

____/____/____
(Date)

Medications normally dispensed by parents for the above conditions should be given to an adult team manager before boarding the bus with detailed instructions for use.

**If you wish the team manager to give panadol to your child if needed in the event of headache, please sign below.

(Signature of Parent)

____/____/____ **(Date)**



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