



President Mr. Tony McCormack Lockyer District SHS
 Treasurer Mr. Mark Burchardt Harristown SHS
 Secretary Mr. Tony Tregaskis Fairholme College



TOOWOOMBA SECONDARY SCHOOLS SPORTS MANAGEMENT COMMITTEE

STUDENT PERSONAL DETAILS

PLAYER'S NAME: _____

HOME ADDRESS: _____

HOME/CONTACT TELEPHONE NO: _____

DATE OF BIRTH: _____ **SCHOOL ATTENDED:** _____

FATHER'S NAME: _____

HOME PHONE NO: _____ **WORK TELEPHONE NO:** _____ **MOBILE NO:** _____

EMAIL: _____

MOTHER'S NAME: _____

HOME PHONE NO: _____ **WORK TELEPHONE NO:** _____ **MOBILE NO:** _____

EMAIL: _____

ANY RELEVANT FAMILY HISTORY: _____

The personal details requested are to enable contact to be made with a player's parents in the event of an emergency and are strictly confidential.

STUDENT MEDICAL HISTORY AND AUTHORIZATION

My son/daughter has been immunized against the following: (please show year immunized if known):

Date of last anti-tetanus injection _____ has been vaccinated against Hepatitis B YES NO

My son/daughter suffers from asthma _____ Medication available: _____

My son/daughter is known to be allergic to: _____

_____ Medicare Number: _____

Is your son/daughter insured against accident/injury for competition and associated activities (e.g. training, travel etc.)? YES NO

Name of Company (if insured): _____

Any other relevant medical history: _____

Is your son/daughter suffering from any injury or condition, which is likely to be aggravated by the competition? YES NO

IF YES, PLEASE STATE INJURY OR CONDITION _____

YOUR ATTENTION IS DRAWN TO THE FACT THAT TOOWOOMBA DISTRICT CARRIES NO INSURANCE COVER AGAINST ACCIDENT/INJURY DURING COMPETITION AND ASSOCIATED ACTIVITIES (e.g. travel, training etc.)

I HEREBY AUTHORIZE THE OBTAINING ON MY BEHALF OF SUCH MEDICAL ASSISTANCE AS MY SON/DAUGHTER MAY REQUIRE IN THE EVENT OF AN ACCIDENT OR ILLNESS. I AUTHORIZE THE ADMINISTERING OF ANAESTHETIC & BLOOD TRANSFUSIONS IF THIS IS DEEMED NECESSARY BY THE MEDICAL OFFICER ATTENDING.

SIGNED: _____ (Parent/Guardian)

DATE: _____