

# Surf Life Saving Queensland



## MINOR'S (UNDER 18) MEDICAL HISTORY AND AUTHORISATION

My child/children have been immunized against (please show year immunized if known):

Child 1: Name/Details .....

Child 2: Name/Details.....

Child 3: Name/Details .....

Date of last anti-tetanus injection: .Child 1...../...../....., Child 2...../...../....., Child 3...../...../.....,

My child/children suffers from asthma (please tick) Yes [ ] No [ ]

List names affected by asthma .....

Medication available: .....

My child/children are known to be allergic to: (Provide names if more than 1child)

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Medicare No: .....

Private Health Insurance: .....

Is your child/children insured against accident/injury for competitions and associated activities (eg. training, travel, etc.) other than the SLS Insurance Policy? Yes [ ] No [ ]

Name of Company (if insured): .....

Any other relevant medical history:.....

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Is your child/children suffering from an injury or condition which is likely to be aggravated by the proposed activities?: Yes ..... No .....

If so, please give details (provide names if more than 1 child) .....

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I hereby authorise the obtaining on my behalf of such medical assistance as my child/children may require in the event of accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending. I understand that Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of \$2,000 and these expenses must be incurred within 12 months of sustaining injury.

Signed: ..... Date: ...../...../.....

Parent / Guardian