



# KENSINGTON DISTRICT CRICKET CLUB

## Player Information

### MEDICAL INFORMATION FORM

Please complete this form and return it to the Junior Coordinator at the Registration Evening.

Player's name: .....

Address: .....

Contact Phone Number(s): .....

Emergency Contact Phone Nos: .....

Doctor's Name: ..... Telephone No: .....

Medical Condition	Further information or special instructions for emergency action
<b>Epilepsy</b> Yes/No	
<b>Fainting/dizzy spells</b> (or other sudden loss of consciousness) Yes/No	
<b>Heart condition</b> Yes/No	
<b>Diabetes</b> Yes/No	
<b>Ear disorder</b> (particularly drainage tubes or deafness) Yes/No	
<b>Respiratory disorder</b> (particularly asthma) Yes/No	
<b>Allergies</b> (particularly insect bites and stings) Yes/No	
<b>Other relevant medical information</b> Yes/No	

Do you have Medical Insurance? (ie School Accident Cover etc)

Do you have Ambulance Cover?

Do you have Private Health Cover?

I authorise the coach/manager to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred.

Parent's/Guardian's Name: .....

Parent's/Guardian's Signature: .....

Date: .....