

**HOPPERS CROSSING JUNIOR NETBALL ASSOCIATION  
Incorporated  
MEDICAL INFORMATION FORM**

NAME : \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

ADDRESS : \_\_\_\_\_ FEMALE / MALE  
\_\_\_\_\_

PHONE No. \_\_\_\_\_

AGE GROUP : \_\_\_\_\_ TEAM : \_\_\_\_\_

EMERGENCY CONTACT : Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Please indicate if your child is currently having medication for an on-going condition or if she / he has any serious **illness** and or **allergies**.

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MEDICARE No : \_\_\_\_\_

Does your child have private health insurance Yes / No

If yes please specify which fund : \_\_\_\_\_

Does your child have ambulance coverage : Yes / No

**PLEASE NOTE** : Although your child has VNA Insurance coverage, this does not cover all costs that may be involved in acquiring the necessary medical attention and the Hoppers Crossing Junior Netball Association incorporated would not be held responsible for these costs.

**STATEMENT BY PARENT OR GUARDIAN :**

I hereby do / do not give permission for my child to receive the necessary medical attention required in the event of an accident or injury whilst participating in netball.

SIGNATURE : \_\_\_\_\_