



SUNSHINE COAST DRAGON BOAT CLUB INC.

CONSENT AND MEDICAL INFORMATION FORM

Surname: _____

Christian Names: _____

Address: _____

Telephone: Home: _____ Mobile: _____

Date of Birth: _____

Please answer the following questions:

1. Do you suffer from any chronic illness or disability? **YES / NO**

If so list: _____

2. Do you have an allergy to any medication? **YES / NO**

If so list: _____

In the event that you should require medical attention, it would assist if you could supply the relevant information:

Medicare No.: _____

Health Care Card No: _____

Private Health Insurance Func: _____

Emergency Contact: _____

Relationship: _____ Phone No.: _____

In the event of any accident or illness, I authorise the obtaining of such medical assistance on my behalf that I may require. I also undertake to pay medical fees and/or cost which may be incurred.

Signature: _____ Date: _____

(Parent or Guardian to sign for under 18)