



Surf Life Saving Queensland

Medical Form

Minors (U18)

MEDICAL INFORMATION

I am up to date with immunizations?

YES NO UNSURE

Date of last anti-tetanus injection

Do you suffer from any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergic condition inc. food | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> A current illness (e.g. flu) |
| <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Asthma | |

If yes to one or more, please give details (attach sheet if necessary)

Medicare number

Private Health Insurance

Are you insured against accidents for activities other than the SLS Insurance Policy? (If yes, please indicate the name of the company)

Any other relevant medical history?

Do you have any special dietary requirements?

DECLARATION

I hereby authorize the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness. I authorize the administering of such medical treatment including the use of anesthesia, as may be deemed necessary by the Medical Officer attending.

Parent/Guardian's Name

Parent/Guardian Signature

Date