

QLD TENPIN BOWLING
INTERSCHOOL CHALLENGE 2010

MEDICAL FORM
Due By Friday, 7 May 2010

Each team member to fill out and send in with Team Participants Form.

NAME: _____ **DATE OF BIRTH:** _____

SCHOOL: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY CONTACT & NUMBER _____

Please detail any previous &/or current injuries or conditions that are likely to be aggravated during competition _____

Does the participant take any medication for any condition you presently have (eg Asthma) ?

Do you take the medication with you wherever you travel to? **Yes** **No**

Do you suffer from any allergies? _____

Any other relevant medical history _____

Is your son/daughter issued with his/her own Medicare Card **Yes** **No**

Name on Card and Number of Medicare Card: _____

Is your child a member of a Private Health Fund (Please State details – Company, Type of cover)

Is your family an Ambulance Subscriber? **Yes** **No**

Parent/Guardian Signature: _____ Date: _____