



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?

- Allergic condition inc. food A disability or chronic illness A current illness (e.g. flu)
 Epilepsy, fits or blackouts Diabetes Other
 Skin condition 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. I understand that junior members are covered by the association's personal accident policy that provides coverage for non-Medicare medical expenses (i.e. dental, physiotherapy) subject to a limit of \$5,000 and these expenses must be incurred within 12 months of sustaining injury.

Parent/Guardian's Name

Childs Name

Parent/Guardian Signature

Date