

MEDICAL FORM

Participant Name: _____

EMERGENCY CONTACTS

- In case of emergency, please contact the following person/s:

#1 Name _____

Tel. _____ Mobile _____

#2 Name _____

Tel. _____ Mobile _____

- Medicare Number: _____
- Do you have Ambulance subscription? Yes / No
- Private Health Cover? If yes, which fund? _____
- Swimming Ability: (please circle) Competent 50m 25m
- Does your child suffer from any illness or disability? Yes No *(If yes, please provide details to co-ordinator)*
- Does your child suffer from any of the following

<ul style="list-style-type: none">Asthma	<ul style="list-style-type: none">Allergies	<ul style="list-style-type: none">Blood Pressure
<ul style="list-style-type: none">Diabetes	<ul style="list-style-type: none">Dizziness	<ul style="list-style-type: none">Epilepsy
<ul style="list-style-type: none">Migraine	<ul style="list-style-type: none">Heart Problems	<ul style="list-style-type: none">Poor Vision
<ul style="list-style-type: none">Sea Sickness	<ul style="list-style-type: none">Other	

If you answered Yes to any of the above please provide some details below;

- In case of emergency, do you authorise the representative of the Mornington Yacht Club to arrange any necessary medical treatment for your child where prior notification has not been possible? Yes No
- Parent / Guardian Name: _____

Signature: _____

Date: _____