

PERSONAL DETAILS AND MEDICAL INFORMATION FORM

Participant details

Participant name: _____

Date of Birth: _____ Gender: _____

Address: _____

Contact phone no.: _____

Email address: _____

Parent/Guardian details

Parent/Guardian name: _____

Relationship to participant: _____

Address: _____

Contact phone no.: _____

Emergency contact details

Emergency contact: _____

Relationship to youth: _____

Address: _____

Contact phone no.: _____

Medical details

Medicare no.: _____

Ambulance membership number: _____

Please advise us of any medical conditions including asthma, medications, allergies, special dietary requirements or any other information we should know about your child's needs to ensure your child's safety _____

PLEASE RETURN FORMS TO SCHOOL OFFICE OR DIRECTLY TO JOANNE STEEN