



MEDICAL INFORMATION – (Private & Confidential)

You are requested to complete this form. Insert it in a sealed envelope with your name clearly marked on the outside of the envelope and hand to the Tournament Manager prior to the commencement of any events conducted by Croquet Tasmania. On completion of the event please take your envelope for re-use. This envelope will only be handed to ambulance crews in the event of a medical emergency involving you. *(Please update this as your situation changes.)*

THIS FORM IS COMPULSORY & IN YOUR BEST INTEREST

<p><i>My Details</i></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone(H) _____</p> <p>(M) _____</p> <p>Date of Birth _____</p>	<p><i>In an Emergency, Please Contact:</i></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone(H) _____</p> <p>(M) _____</p> <p>Date of Birth _____</p>
<p><i>My Medication: (list below or attach sheet)</i></p> 	<p><i>My (known) Allergies:</i></p>

I have attached a list of my current medication Yes ____ No ____

<p><i>I suffer from:</i></p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Heart Problems <input type="checkbox"/> Pacemaker</p> <p><input type="checkbox"/> High BP</p> <p><input type="checkbox"/> Other _____</p>	<p><i>My Doctor:</i></p> <p>Name _____</p> <p>Phone _____</p> <p>Private Health <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blood Group _____</p>
<p><i>Comments / Cautions:</i></p> 	<p><i>Instructions in event of injury</i></p>

This is a true record of my medical details

Signature _____ Date _____