



Surf Life Saving Queensland
Personal Details
Minors (U18)

CHILD'S INFORMATION

Surname

Given name/s

Address

Phone (H)

Phone (M)

Surf Life Saving Club

Branch

Email address

Date of birth

Age

Gender

M F

EMERGENCY CONTACT DETAILS

Full Name

Relationship

Address

Phone (H)

Phone (M)

Phone (W)

Email Address

Any relevant family history?

The personal details requested are to enable contact to be made with a minor's parent/guardian's in the event of any emergency and are STRICTLY CONFIDENTIAL.

Parent/Guardian's Signature

Date



Surf Life Saving Queensland
Medical Form
Minors (U18)

MEDICAL INFORMATION

I am up to date with immunisations?

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

Asthma

Epilepsy, fits or blackouts

Diabetes

A current illness (e.g. flu)

Skin condition

Other

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 authorise the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending. I understand that Junior members are covered by the associations 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 signature

Date