

Koonung Comets Basketball Club Inc.

MEDICAL FORM

*** Note** Medical only to be completed if details have changed or not previously supplied

Surname of player(s): Phone No.:

Address: Mobile No.:

Doctor's Name: Phone No.:

Doctor's Address:

Medicare No.: Ambulance Subscriber No:.....

Private Health Insurance: (name) No:

Emergency Contact: (name) Phone No:

	Player 1	Player 2	Player 3
First name:			
Date of Birth:			
Boy or Girl?			
Medical Conditions the Club should be aware of			

I hereby give permission for this information to be given to Club coaches, team managers, referees and Club committee members. I agree to any of these people taking such action as they deem necessary to obtain medical care for my child/children in the event of an accident or injury.

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