

BALLARAT DISTRICT GOLF INCORPORATED

PLAYER PERMISSION AND MEDICAL INFORMATION FORM

I, hereby give permission for to represent Ballarat District Golf, away from his/her home club. I also authorise Ballarat District Golf officials to respond as deemed necessary by an attending medical practitioner, in the event of emergency medical treatment being necessary in respect to my child.

In relation to my son/daughter/dependent:

He/she suffers from the following conditions and allergies:

- 1.
- 2.

He/she is required to use the following medication:

- 1. Dosage:
- 2. Dosage:

Name, address and telephone number of family doctor:

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Medicare Number: Ambulance Cover: Yes / No

Private Health Insurer Name (if applicable):

Policy Number: Type of Cover:

Parent/Guardian

Name: Mobile:

Date: Signature: