



## Health Declaration Form

<b>Name:</b>	_____	(PLEASE PRINT)
<b>Address:</b>	_____	
<b>Emergency Contact Telephone No:</b>	_____	
<b>Name of Emergency Contact person:</b>	_____	Parent / Guardian
<b>Relationship to member:</b>	_____	

If you or your child have any medical conditions, or are taking any medication, are you willing for this information to be disclosed, (on a need to know only basis) to First Aiders covering sporting activities. **Yes / No**

### Medical History

Please answer all the following questions by ticking YES or NO as appropriate.

**If you answer yes to any of these questions please give details at the end of this form.**

**Have you ever had or do you presently have any of the following?**                      **YES**                      **NO**

1. Asthma, hay fever or any other allergic conditions: Anaphylaxis
2. Heart conditions
3. Epilepsy / Fainting episodes
4. Diabetes
5. Hyperventilation - Panic attacks
6. Currently taking any medication?

**If YES what medication:** \_\_\_\_\_

**Additional information that might be important for coaches / first aiders to know**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name: (Please print)** \_\_\_\_\_ **Delete as Appropriate: Parent / Guardian**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_