AFL NEW ZEALAND MEDICAL CONSENT FORM

If Under 18, to be filled out by a parent or Guardian.

Participants Full Name: ..... Date of Birth: .....

☐ Player ☐ Management ☐ Staff

EMERGENCY CONTACT PERSONS:

Full Name		Full Name	
Wk phone		Wk phone	
Mobile		Mobile	
After Hours		After Hours	
Relationship		Relationship	

DECLARATIONS

I give permission for administrators, coaches or employees of AFLNZ to obtain necessary medical assistance, should I/my child require treatment for any illness or accident suffered whilst involved in any AFLNZ programmes, competitions or tournaments. AFLNZ will seek and act on the advice of medical professionals when appropriate.

I am aware that care will be taken in the management and safety of all players/management/staff whilst participating in programmes and tournaments. I agree to indemnify the AFLNZ/AFL, their employees and agents from any claim for any accident, injury or illness incurred or suffered whilst participating/volunteering/working in AFLNZ programmes, competitions and tournaments.

I acknowledge that as part of the programme and tournaments the AFLNZ/AFL will collect medical information. The purpose of collecting this information is:

1. For research
2. To give access to the best medical advice on any injury or condition
3. To give AFLNZ an understanding of participant's health and fitness and any pre-existing injury or condition that may be relevant while participating in programmes and tournaments.

☐ I consent to my/my child's medical information being collected, used and disclosed for these purposes.

PRINT NAME: Participant or Parent/Guardian

SIGNATURE: Participant or Parent/Guardian

....

Date: .....

AFL NEW ZEALAND MEDICAL CONSENT FORM CONTINUED

If you/your child suffer from allergy, asthma or any other medical condition even if only mild, the following form must be completed.

PARTICIPANT

First name: ..... Last Name: .....

Asthma/Allergy/ condition triggers (if known):

Common Signs and Symptoms:

MEDICAL CONDITION	REGULAR MEDICATION	DOSE	TIMES	METHOD OF ADMINISTRATION

Emergency Treatment Action Plan:

1.

2.

3.

4.