



Olinda-Ferny Creek Junior Football Club

Emergency/Medical Information Season 20__

(All details are strictly confidential)
ONE FORM PER CHILD

NAME:

ADDRESS:.....

..... PHONE:

MOTHER'S NAME:

PHONE:

FATHER'S NAME:

PHONE:

EMERGENCY CONTACTS (If parents are unavailable)

NAME: RELATIONSHIP: PHONE:

NAME: RELATIONSHIP: PHONE:

Does your child have any medical conditions or special needs that the club should be aware of? If yes please detail below

PLEASE NOTE *Parents/guardians are responsible for administering any medication or special care required by their child.

I/We declare that the information above is correct and hereby authorise Olinda-Ferny Creek Junior Football Club Inc, or its recognised representatives, in my/our absence to seek medical assistance for my child if required. I/We understand that I/we shall be responsible for any costs incurred.

Signature(s) of Parent/Guardian..... Date: