



## MEDICAL AUTHORITY & RELEASE

Note: teams must provide 2 copies of this form for each player/participant. One form is to be retained by the Manager, the other is to be given to the NSWIHA Inc.

Name of Player  
(Print Full Names):.....

Date of Birth:.....Medicare Card No:.....

Address:.....

.....Postcode:.....

Private Health Fund Details (if applicable):

Name of Fund:.....Table:.....

1. I/We the parent(s)/guardians(s) of the above named player or other person participating with the team hereby authorise the Association (which term for the purposes of this authorisation clause and subsequent clauses shall severally and jointly mean and include the Association, its Directors, employees, officials, agents and contractors) to:
  - a) In case of illness or injury which may occur in connection with his participation in all aspects of the team's program, and also all aspects of any involvement with a State or National Team program, have a medical officer provide medical assistance and treatment to the player as deemed necessary.
2. I/We understand that this action is to provide prompt medical treatment and assistance and that only qualified practitioners will be engaged in such treatment in an emergency.
3. I/We advise of the following known allergies or pre-existing conditions (eg Asthma, etc):

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4. I/We advise of the following details of any stabiliser, drug, asthmatic, heart and/or other out of the ordinary physical or medical concerns appropriate to the above player/participant.

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5. I/We undertake to disclose to the Association full details of all injuries, illnesses and conditions as provided for in Clauses 3 and 4 above.
6. I/We acknowledge that the Association will not meet the cost of any medical or hospital service incurred and that it is my/our responsibility to ensure that I/We have adequate health insurance at all times.

Exclusion of liability for damage to players/participants person or property: