



## Medical Indemnity Form, Membership 2016

This form will be retained for reference purposes by team managers

Team	Players name

Medical Details:		
Allergies:	Emergency treatment:	Existing Medical Conditions:
Doctor:	Health Practice:	Doctor's 'phone number:

Emergency Contacts:			
Name	Relationship	Mobile Phone	Home Telephone

Emergency Information		
<p>The coaches, club and match officials make every effort to ensure that participants can enjoy playing the sport of their choice in safe conditions. Sometimes however accidents do happen or a player falls ill. In the event of an injury or illness every effort will be made to notify the player's emergency contact(s), but priority will be given to ensuring that the player has appropriate medical care.</p>		
<b>Indemnity to seek treatment for player aged less than 18 years:</b>		
<small>legal guardian(s) name(s)</small>		
I/We _____ authorise the coach or manager/s of the Eltham Rugby Union Football Club junior team to obtain any or all medical assistance for _____ in the event of injury or illness. I understand that every effort will be made to contact me/us prior to any action being taken except for immediate first aid, but where I/we cannot be contacted we understand that all efforts to obtain appropriate medical assistance will be made.		
<b>legal guardian(s) of child to sign:</b>	<b>Signed:</b>	<b>Signed:</b>
<b>date:</b> / / 2016		