



PCA NSW

EMERGENCY AND MEDICAL CONSENT FORM

Please complete one form for each Child.

Name of Rider: _____
or Parent

Date of Birth _____

Parents Name (s) _____

Address: _____

Phone Number (home) _____

Mobile Number _____

Alternative Emergency Contact _____

Medicare Number: _____

Private Health Fund Name**Number**.....

Allergies: _____

Medication & Other: _____

Any Pre Existing Medical Conditions

E.g. Asthma, Epilepsy: _____

Additional information: _____

In the event of any accident or illness and I am unable to be contacted, I authorise the obtaining of such medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and /or cost of such assistance that may incurred whilst my son/daughter is on the development squad.

Signature of Parent / Guardian _____

Date of Signature: _____

Confidential when completed.