



Permission and Health Form - (Under 16 years of age) **Team name:** _____

Name of child (including middle name): _____

Date of birth: _____

I give permission for my child to play in the rep team and attend tournament.

I give permission for my child to be taken to a doctor in the event of injury or illness.

I understand that if my child's behaviour causes concern or disruption I may be contacted, and I agree to collect them at once.

Signed: _____ **Date:** _____

Child's Doctor

Name: _____

Address: _____

Phone: _____

Caregiver's Emergency Contact (during tournament)

Name: _____

Address: _____

Phone: _____

Alternative Emergency Contact

Name: _____

Address: _____

Phone: _____

Does your child have any of the following? (Please circle yes or no)

Asthma Yes/No

Sleepwalking Yes/No

Allergies Yes/No

Diabetes Yes/No

Epilepsy Yes/No

Other that we should know about: _____

Will your child have any medication with them? Yes/No

If yes, please detail type and dosage: _____

Do they have any dietary needs? Yes/No

If yes, please detail: _____

Can your child be given Panadol or aspirin for headaches? Yes/No

Any other medical problems? _____

Do they have any dietary needs? Yes/No

If yes, please detail: _____

Date of last tetanus injection: _____

Do you give permission to have your child's photo used on the WHA website and/or social media? Yes/No (if you wish to have further clarification please contact WHA Administrator)