



BNJCA Policy and Procedures

BRISBANE NORTH JUNIOR CRICKET ASSOCIATION

MEDICAL INFORMATION FORM

TEAM _____

PLAYER'S NAME _____

PLAYER'S CONTACTS _____

MEDICARE NUMBER _____

Private Insurance Details (if applicable)

Name of Fund _____ Member No. _____

KNOWN ALLERGIES _____

SPECIAL DIETARY REQUIREMENTS _____

MEDICATION REQUIRED _____

OTHER INFORMATION _____

PERMISSION IS GIVEN FOR TREATMENT TO BE ADMINISTERED AT A MEDICAL CENTRE SELECTED BY TEAM OFFICIALS

SIGNED _____ DATE _____

Parent/Guardian)