

NORTHCROSS INTERMEDIATE

NZCT AIMS GAMES MEDICAL FORM 2017		
Student Name	D.O.B.	
School: NORTHCROSS INTERMEDIATE		
Sporting Code/Team		
Contact Numbers	Home	Mobile
Emergency Contact Name		
Contact Numbers	Home	Mobile
Family Doctor/GP Name		
Medical Centre	Medical Centre Phone No.	

To ensure our various medical providers can cater for the requirements of all AIMS GAMES participants as quickly and efficiently as possible, we ask that you complete this form for the school to have on file at all times throughout the AIMS GAMES week. This information is to assist us in case of any eventuality and is treated in a confidential manner.

Medical Information			
Allergies – foods, bee stings, medication	Yes	No	
If yes please explain allergy & medication:			
Is your child currently taking medication (tablets/medicine)	Yes	No	
If yes please state the name of medication & dosage:			
Tetanus Immunisation current	Yes	No	
Please tick if you suffer any of the following: List Further Details (if applicable)			
Fits/Seizures of any kind	Yes	No	
Heart Condition	Yes	No	
Diabetes	Yes	No	
Coeliac	Yes	No	
Dizzy Spells	Yes	No	
Black outs	Yes	No	
Asthmas	Yes	No	
Migraine	Yes	No	
Sleep walking	Yes	No	
Travel sickness	Yes	No	
Bed wetting	Yes	No	
Other (please specify)			
I give consent for my child to be given Panadol if required	Yes	No	

Disclaimer:

In the event that you may require medical attention every effort will be made to contact the emergency next of kin as soon as possible.

Signed _____ Date _____