

**Moana SLSC
2017/18
Emergency Contact and Medical Information**

<hr/> Child's Name	<hr/> Date of Birth	M F
		Sex
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name	
()	()	()
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone <hr/> Work Phone
<hr/> Address	<hr/> Address	
<hr/> Town, County Postcode	<hr/> Town, County postcode	

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
()	()
<hr/> Home Phone	<hr/> Home Phone
()	()
<hr/> Work Phone	<hr/> Work Phone
<hr/> Address	<hr/> Address
<hr/> Town, County Postcode	<hr/> Town, County Postcode

Medical Information

<hr/> Hospital/Clinic Preference	
<hr/> Doctor's Name	<hr/> Phone Number
<hr/> Private Health Insurance	<hr/> Member Number
<hr/> Medicare Number	<hr/> Ambulance Cover

Allergies/Special Health Considerations

I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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