

## Western Strikers Soccer Club - Emergency Contact Details

Players Name:	<input type="text"/>	Age:	<input type="text"/>
Team:	<input type="text"/>	Date of Birth:	<input type="text"/>
Medical Conditions:	<input type="text"/>	Allergies:	<input type="text"/>
Current Medication:	<input type="text"/>		
Main Contact Name:	<input type="text"/>	2nd Contact Name:	<input type="text"/>
Home Phone Number:	<input type="text"/>	Home Phone Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Family Doctor:	<input type="text"/>	Medicare Number:	<input type="text"/>
Doctors Phone Number:	<input type="text"/>	Private Health Fund:	<input type="text"/>
Special Notes:	<input type="text"/>		

I agree that the details provided are true and correct and should I not be present and first aid/medical attention is required it can be provided to my child. Should it be deemed an ambulance attendance necessary, I give permission for one to be called.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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I agree that the details provided are true and correct and should I not be present and first aid/medical attention is required it can be

Signed: \_\_\_\_\_ Date: \_\_\_\_\_