

**St Ives Surf Life Club Membership Form - Emergency Contact and Medical Information**

Members Name:

Date of Birth:

Parent/Guardians Name (if under 18):

Home Phone Number:

Mobile Phone Number:

Address:

Email Address:

**EMERGENCY CONTACTS**

Name:

Name:

Contact Number:

Contact Number:

**MEDICAL INFORMATION:**

Doctors Name:

Phone Number:

Doctors Address:

Allergies/ Health conditions(eg asthma,epilepsy)

Conditions/Warning indicators we need to be aware of:

Initial care to be given prior to the arrival of emergency services(if appropriate)

Please give as much detail as possible:

I authorise all medical and surgical treatment,x ray, labrotory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the atttending doctor or paramedics for my child or myself (Club Member) and waive my right to informed consent of treatment. This waiver only applies only in the event neither parent/guardian can be contacted.

**Member signature (parent or guardian if under 18):**

**Date:**