



NORTH QUEENSLAND DISTRICT LADIES' BOWLS ASSOCIATION INC.

Players or Officials participating in an organised Bowls Queensland event are requested to complete the following information so that prompt assistance may be obtained in the event of a Team Member / Official falling ill or having an accident while away from home.

Please answer all questions truthfully.

NAME:

ADDRESS: P/C:

PHONE: MOBILE:

DOCTOR: PHONE:

ADDRESS: P/C:

MEDICARE CARD NO: HEALTH INSURANCE:

EXISTING CONDITIONS:

ALLERGIES:

MEDICATION:

.....

.....

Players Signature Date

EMERGENCY CONTACT INFORMATION (Next of Kin)

NAME..... RELATIONSHIP:

PHONE: (H) MOBILE:

PHONE: (W)

NAME..... RELATIONSHIP:

PHONE: (H) MOBILE:

PHONE: (W)

This information will remain private and confidential with the Team Manager unless deemed necessary to disclose any of this information in an emergency situation. It is the responsibility of the individual to advise the Team Manager of any medical conditions or injury that arise after this form has been completed and prior to your team commitments of your condition.

THIS FORM IS TO BE RETURNED TO THE TEAM MANAGER AT THE FIRST DISTRICT TEAM MEETING