

Riverland Paddling Marathon Events - MEDICAL INFORMATION FORM

NAME: Surname: Given / Preferred Name:

HOME ADDRESS:

Suburb/Town: State: Postcode:

CONTACT: Telephone: Home or Business (please circle) Mobile:

PERSONAL: Date of Birth:/...../..... Age at Race Gender: Male Female

Medicare Number:

Private Health Insurance: Private Health Ins Number:

Ancillary Benefits Cover: YES / NO (please circle) Ambulance Ins Number:

EMERGENCY USE: Details of a person who can be contacted during the Riverland Paddling Marathon Events.

NAME: **Relationship:**

ADDRESS:

Suburb: Postcode:

Contact Phone: Mobile:

MEDICAL CONTACTS:

Name and address of family doctor or clinic: Phone:

Name and address of any relevant specialist: Phone:

HEALTH STATEMENT		
Each paddler shall disclose any chronic or recurrent ailment, allergy or physical incapacity suffered for the purpose of medical support staff preparedness.		
A Does the paddler suffer from any physical or other disabilities?	YES / NO	If YES, please specify:
B Does the paddler suffer from: Asthma? Severe / Mild Diabetes? Type 1 / Type 2 Seizures or Convulsion? Severe / Mild Dizzy spells or Blackouts? Heart Disease? High Blood Pressure?	YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO	Explanation / Medication:
C Does the paddler have any known allergies? i.e. Penicillin, bee stings, insects, hay fever, food (including nuts), drug , other environment related allergy.	YES / NO	If YES, please specify:
D Does the paddler carry with them any medications while paddling? i.e. injection/tablet/capsule, Insulin, Ventolin, other Drugs.	YES / NO	Name of Drug: Dosage: Reason or Cause: How Often Administered: Administered by Whom:
E Is there any further information you may consider necessary, about which we have not asked above and of which we should be aware? (include hospital admissions and operations)	YES / NO	If YES, please specify:
F Details of last Anti-Tetanus Injection?		Year of Last Booster injection:

I hereby **Authorise** the **Race Director** of the Riverland Paddling Marathon Events, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for me or the person named on this form, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby **Consent** to such treatment.

Signed: (to be signed by Parent or Guardian for paddlers under 18 years of age) **Date:**

Please complete a separate medical declaration form for each paddler entered (photocopy extra forms as required). Fold into thirds and seal with tape or a staple. Send it to us with your entry form. No paddler is entitled to start in the named events without having first submitted this form completed. This important information that shall be treated as **CONFIDENTIAL** and will remain with the race doctor for the duration of the events. All medical information will be destroyed after the events.

Please fold in thirds with this side out and secure at top with tape or staple

Confidential Medical Information

Boat Number

Paddlers Name:

Please fold in thirds with this side out and secure at top with tape or staple

PLEASE NOTE

All Paddlers MUST complete a Medical History form before your entry will be accepted.