

Rosebud Astral Theatre Society Inc.
Medical Information Form - CONFIDENTIAL Reg No. _____

Member's Name..... Date of Birth.....

Address.....

Phone No..... email.....

Emergency Contact Person Name.....

Relationship (please circle one) Parent / Guardian / Next of Kin / Other (please specify).....

Emergency Contact Phone No..... Mobile.....

Alternate Emergency Contact Name.....

Emergency Contact Phone No..... Mobile.....

Medicare number.....

Ambulance Subscription Number (If Applicable).....

Private health insurer and membership number (If Applicable).....

Health Care/Pension/Concession Card Number (If Applicable).....

Name of Doctor..... Phone number

Address.....P'code..... State.....

Do you have any medical conditions that we should know about? If yes, please describe below, indicating details of the medications and/or specific medical treatments required:

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Do you have any physical injuries that we should know about?

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Do you have any allergies to food/medication/anything else that we should know about?

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Privacy Statement

The provision of this information will enable **Rosebud Astral Theatre Society Inc** to assist you/your child in the event of an emergency during any Astral scheduled activity. All medical information sheets will be held in the strictest confidence and will be disclosed only as necessary to ensure the health and safety of participants in Astral scheduled activities, to seek medical assistance, or otherwise as required by law.

Provision of this information is not required by law. However, a failure to provide the information may mean that you/your child can not participate in Astral scheduled activities. Provision of this information will significantly assist **Rosebud Astral Theatre Society Inc** in planning safer events. It will be stored securely. For more information, please feel free to view the Privacy Policy at www.astral.org.au