



2019 SPECIALIST TOUCH FOOTBALL PROGRAM



LAKELAND
SENIOR HIGH SCHOOL

NOMINATION FORM

Trials are Thursday 6th September and 22nd November @ 12:30pm -2:20pm at Lakeland SHS

PERSONAL INFORMATION	
First Name	
Last Name	
Date Of Birth	
Current School	
Address	
Number / Street	
Suburb	
Postcode	
Previous Playing Experience:	
Parent/Guardian Name	
Telephone Number	
Mobile Number	
Work Number	
PRIVATE HEALTH INSURANCE	
Do you have private health insurance?	(YES/NO)
Private health insurance provider?	
Do you have ambulance cover as part of your private health insurance?	(YES/NO)
In the case of an emergency an ambulance will be called for your child	
MEDICATION	
Does your child have any allergies?	(YES/NO)
Is your child presently taking tablets or any other forms of medication?	(YES/NO)
Does your child self-administer the medication?	(YES/NO)
Any other information your manager should know?	(YES/NO)
If YES please state the name of the allergies, medication, dosage/frequency of use and other information	
Allergies:	
Medication/Dosage:	
Other information:	
Please provide any additional medical or personal information that may enable the team management to provide better care for your child.	
Does your child have any ongoing injuries that may affect their participation in activities?	
Person to contact in case of emergency, injury or illness: (OTHER THAN PARENT OR NEXT OF KIN)	
Name / Relationship	
Address	
Telephone Number	
Mobile Number	
Work Number	

AN INDEPENDENT PUBLIC SCHOOL