

CNSW Member's Medical Record



<p><i>My Details:</i></p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>Phone.....</p> <p>Birth Year</p>	<p><i>In an Emergency, Please Contact:</i></p> <p>Name.....</p> <p>Mobile Phone</p> <p>Name.....</p> <p>Mobile Phone</p>
<p><i>My Medication:</i></p> <p>1</p> <p>2</p> <p>3.....</p> <p>4.....</p>	<p><i>My (known) Allergies:</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

To all entrants in Croquet NSW Competitions.

CNSW wants to encourage the use of a Medical Record Card in case of a medical emergency and the form to the left is to be used . Please note that this is not compulsory.

You are requested to fill this card out with your medical details.

It should then be folded and placed in a sealed envelope with your name on the front.

When arriving at the tournament please hand the envelope to the manager (or place in an appropriate place if there is no manager).

If there is a medical emergency the manager will open the envelope, take appropriate action, and hand the medical card to the paramedics on their arrival.

If there has been no requirement to open the envelope you should collect it (ie with your handicap card) at the end of the competition.

<p><i>I suffer from:</i></p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Heart Problems <input type="checkbox"/> Pacemaker</p> <p><input type="checkbox"/> High BP</p> <p><input type="checkbox"/> Other</p>	<p><i>My Doctor:</i></p> <p>Name.....</p> <p>Phone</p> <p>Health Card Number</p> <p>Private Health <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blood Group</p>
<p><i>Comments / Cautions:</i></p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><i>Instructions in event of injury</i></p> <p>.....</p> <p>.....</p> <p>.....</p>

This is a true record of my medical details

Signature & Date