

IDRU Junior Player Information Sheet - 2013

Surname	Given Names	ARU Number
	Date of Birth	

Medicare No.	Medical Fund (If Applicable)	Fund Number

Allergies/Medical Conditions/Medications
Family Doctor's Name & Contact:

Next of Kin <small>(Other than Parent/Guardian)</small>	Relationship	Phone No.'s
Address		

Is permission given for a hospital or Doctor to carry out any treatment required if contact cannot be made on the numbers supplied?

Yes

No

Parent / Guardian
Date: / /