

Affiliate
With



Special Olympics
Australia

DOVETON SPECIAL SOCCER SCHOOL INC.

A 0052 890 Y

Home ground "WARATAH" RESERVE,
Doveton Ave
DOVETON

SOCCKER FOR PEOPLE WITH AN INTELLECTUAL DISABILITY



ABN 47 228 434 805

Emergency Information

Participant's Full Name : Gender M—F D.O.B

Participants Mobile Number: Do you take any medication?

If so, what is the medication?

When is the medication to be taken?

How much (what dosage) medication is to be taken?

For what is the medication taken?

Do you have seizures? If so, what type of seizures?

What is the most effective way of handling these seizures?

Are you allergic to anything? If so what?

Are there any activities that you should be restricted from while at soccer? If so what?

Are there any precautions that we should take? If so, what?

*Medicare No. ----- *Pension No. -----

*Ambulance No..... * Companion Card No.....

Do you have: Glasses: Y--N Hearing Aid: Y--N Dentures: Y--N

Please list any and all other information that will be helpful to the chaperone. (*Who to reach in case of emergency, additional phone numbers, etc*)

Parents/Guardian Address: Signature of parent or guardian

Email: Mobile Ph:
Home Ph