



# National Team Medical Consent Form

Policy Number – 1036

Last Edited: 2025/12/11

<https://archery.org.au/>  
(02) 9772 2995





## Medical Disclosure, Contact and Consent Form

Archers who are a member of an Archery Australia National Team and have a known medical condition must complete this form to ensure team officials are fully aware of the conditions and any actions that must be undertaken in the case of a medical emergency.

Archers (under 18 years of age), parents or legal guardians not accompanying the team must complete this form giving team management consent in the case of a medical emergency to seek medical or surgical treatment as may be deemed necessary and agree to pay all medical and/or dental expenses incurred which are not covered by the Archery Australia Travel Insurance Policy.

### This information is confidential

This information will be disclosed only to those people who need to be informed.

I, \_\_\_\_\_ (full name) will be participating at the  
\_\_\_\_\_  
\_\_\_\_\_ (name of event)  
from \_\_\_\_\_ to \_\_\_\_\_.

### Personal and Next of Kin Contact Details

Next of Kin Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: Office: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



Medicare No: \_\_\_\_\_

Health Fund/Hospital Insurance Name: \_\_\_\_\_ No: \_\_\_\_\_

**Medical Condition**

Please specify any medical condition/allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If necessary, provide further information using a separate sheet or Doctor’s Letter.

Is specific care recommended? (please circle)                      YES                      NO

If YES, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tetanus Immunisation Booster Date: \_\_\_\_\_

**Anti Doping**

During the competition you may be drug tested, during any drug test you must be accompanied by a team official. During the test you will be asked to list nay medications, or supplements and dosage you are taking, to ensure you do not miss fully disclosing any medications or supplements please list them here: Medication or supplement – Brand and Dosage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are taking a drug that is currently banned or restricted, you can obtain a TUE or an ATUE from ASMAC. If you already have a TUE or ATUE please advice.

\_\_\_\_\_

**Dietary Requirements**

I have the following dietary requirement/s: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Consent to Medical Attention

I authorise the Team Manager / Head Coach / Organising Committee of this event to consent to medical or surgical treatment as may be deemed necessary for me (son / daughter) if it is impractical for prior communication with me and agree to pay all medical and/or dental expenses incurred which are not covered by the Archery Australia Travel Insurance Policy.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian  
(if participant is under 18)

Date: \_\_\_\_\_

Please complete this form and return to the Team Manager prior to departure or by a date specified.

Following the teams return to Australia all forms received by the Team Manager will be destroyed.