Medical information and consent form
Smiling for Smiddy

Personal details			
Name:			
Address:			
City:		State:	
Phone No.:			

Emergency contact information/Next of kin					
In the event of an emergency please contact the following:					
Name:		Relationship:		Phone No.:	
Name:		Relationship:		Phone No.:	
Name *(optional)*:		Relationship:		Phone No.:	
Is your Emergency Contact your Next of Kin?		☐ Yes ☐ No *(please specify below)*			
Name:		Relationship:		Phone No.:	

Medical information	
Do you have any known allergies?	
Do you wear contact lenses?	☐ Yes *(please specify below)* ☐ No ☐ Soft ☐ Hard ☐ Both eyes ☐ Right eye ☐ Left eye
Do you have any known medical conditions? *(e.g. asthma, hearing impairment)*	
Please list any medications you are taking *(please discuss with Smiddy team)*:	
Is there anything in your history that medical personnel should be aware of?	

Insurance	
Do you have bike insurance through any of the following?	☐ Bicycle Queensland ☐ Cycle Australia ☐ Other: ☐ None
Do you have travel insurance?	☐ Yes ☐ No

In the event of an injury to me that renders me unconscious or incapable of making a medical decision, I authorise Mater Foundation personnel and emergency medical personnel at the event to make emergency medical decisions on my behalf (including, but not limited to CPR and AED). I authorise to secure emergency medical care or transportation when deemed necessary by Mater Foundation personnel. I agree to assume all costs of emergency medical care and transportation.

Signature:		**Date:**	