



MEDIA REPRESENTATIVE - MEDICAL DECLARATION

Surname: _____ First Name: _____

Date of Birth: _____

Medical Conditions: (eg asthma, diabetes)

Medications:

Allergies:

NEXT OF KIN: Surname: _____ First name: _____

Address:

Suburb: _____ State: _____ Postcode: _____

Telephone: Home - _____ Work – _____

Mobile: _____ Relationship to you: _____

DOCTOR/GP:
Name: _____ Phone Number: _____

TWO PEOPLE WHO CAN BE CONTACTED IN CASE OF EMERGENCY

Person One:

Surname: _____ First name: _____

Address:

Suburb: _____ State: _____ Postcode: _____

Telephone: Home: _____ Work: _____

Mobile: _____ Relationship to you: _____

Person Two:

Surname: _____ First name: _____

Address:

Suburb: _____ State: _____ Postcode: _____

Telephone: Home: _____ Work: _____

Mobile: _____ Relationship to you: _____

WORK CONTACT, IF APPROPRIATE (IE EDITOR)

Surname: _____ First name: _____

Publication:

Telephone: _____ Mobile: _____

I acknowledge that my personal information will be processed in accordance with the AASA privacy policy and where I suffer from any injury, sickness or death during the Event, I consent to the release by health services of my personal health information to an authorized representative of the AASA or the Event who may use it in the preparation and release within and outside Australia of accident or incident information and reports to interested parties for the purposes of accident investigation, accident prevention and safety activities, news services including broadcast services, or for the purposes of processing insurance claims.

Media Representative Signature: Dated: