

# Medical Declaration Form



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 Cairns, QLD 4870  
 (07) 4019 6229  
 coord.ladf@gmail.com  
 ABN 87 913 307 065

Name:		M/F
Address:		
Phone:	Email	
Next of Kin (in the case of an emergency)		
Name		
Address		Phone
Medical Condition	Treatment	Addition Comments

## Guidelines

- You have declared all Medical Information
- You are responsible for any medication that you require for the duration of the Festival
- You give permission for the CYLADF Committee to share your medical requirements with the Medical Provider at the Festival if you require medical assistance.

I \_\_\_\_\_ (print name) understand and accept the guidelines and if required I must seek medical assistance as soon as possible.

Signature

\_\_\_\_\_

DATE

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