



UNITED FOR A WISH

Medical Form

Name:
Address:
Home Phone:
Mobile:
Date of Birth:
GP's Name/Address/Phone Number:
Health Conditions: <i>(ie Asthma/Epilsepsy/Heart Conditions)</i>
Current Medication:
Known Allergies:
Emergency Contact Name: Home Phone: Mobile:
Permission to administer emergency medical treatment including ventolin and paracetamol if required:
Permission to call an ambulance and be transported to hospital if required:

Please complete this form and email to emmar@moneyadvisers.com.au or post to:

Kanoe4Kids
C/O Money Advisors
Suite 3, 274 Unley Road
Hyde Park 5061