Croquet Victoria encourages the use of a Medical Record Card in case of a medical emergency. A sample form is below. Please note that this is not compulsory.

You are requested to fill out the form with your medical details.

It should then be folded and placed in a sealed envelope with your name and the name and phone number of your emergency contact (and their relationship to you eg spouse, friend) on the front.

This form can be used multiple times by the player once completed. Only requiring renewal and updating if your medical condition/medications/patient instructions or contact details change.

When arriving at an event, competitive or social, hand the envelope to the appropriate person upon registration.

If there is a medical emergency the Tournament Manager/appropriate person will hand the envelope to the paramedics on their arrival.

If there is no requirement to open the envelope you should collect it (along with your handicap card if a competitive event) at the end of the competition- otherwise it will be destroyed.

MEMBER'S MEDICAL CARD

My Details:	*In an Emergency, Please Contact:*
Name	Name.....
Address.....	Relationship……
.....	Mobile Phone .....
Phone	Name.....
Date of Birth	Mobile Phone .....
My Medication: *1……...* *2 ……* *3 ……* *4 ……* *5……* *Use additional page if required.*	*My (known) Allergies:* ....

I suffer from:	*My Doctor or Medical Clinic:*
☐ Diabetes ☐ Type 1 ☐ Type 2	Name .....
☐ Asthma	Phone .....
☐ Epilepsy	Health Card Number .....
☐ Heart Problems ☐ Pacemaker	Private Health ☐ Yes ☐ No
☐ High BP	Insurer……..
☐ Other	Pension ☐ DVA ☐
	Blood Group.....
	Hospital UR Number if known……
Comments / Cautions:	*Instructions in event of injury* ....

This is a true record of my medical details ....
Signature & Date