Hockey Western Australia
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2026 Hockey WA State Medical and Welfare (Minors)

Hello Families and Athletes,

This form is for state athletes under the age of 18years.

The following questions not only relate to medical but general well-being of your athlete when travelling out of State and staying together in a championship bubble. Performance is not soley skills based but viewing our athletes as a whole person, doing our very best to meet the needs of the athlete while in our care. This information is soley reviewed with this outcome. Your transparency and honesty is greatly appreciated and where the question is not applicable please answer NA. If you need to discuss any matters privately, please reach out directly to Joanna Vaauli, Performace and Pathways Lead HWA, email joanna.vaauli@hockeywa.org.au.

State level athletes of all ages are required to be informed and to always check medication and supplement restrictions prior to departure. Please ensure you have the Sports Integrity Australia APP on your mobile and you done your due diligence, not knowing is not an exemption.

Sports Integrity Australia

Thank-you in advance,

HWA and your Travelling Off Field Team

1. (Required) Travelling Athlete Full Legal Name

2. (Required) Name of person completing form?

3. (Required) Relationship to Athlete

4. (Required) Travelling Athlete Date of Birth

____/____/_____

5. (Required) Travelling Athlete Team (Please tick ONE option)

- ☐ U14 Male
- ☐ U14 Female
- ☐ U16 Male
- ☐ U16 Female
- ☐ U18 Male
- ☐ U18 Female

6. (Required) In an emergency situation we should contact:

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7. (Required) Emergency Contact Mobile Number

8. (Required) Relationship of Emergency Contact to Athlete

9. (Required) Is the Emergency Contact person travelling to the Championship? (Please tick ONE option)

☐ Yes

☐ No

10. (Required) Please list any/all parents attending championship?

11. (Required) Please provide Athletes Dr. Name

12. (Required) Please provide Athletes Dr. Phone Number

13. (Required) Please provide Athletes Dentist Name

14. (Required) Please provide Athletes Dentist Number

15. (Required) Please provide Medicare Number

16. (Required) Please provide Medicare Expiry date

17. (Required) Please provide Individual Reference Number on Medicare Card

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18. (Required) Does the travelling Athlete have private health cover? (Please tick ONE option)

☐ Yes

☐ No

19. (Required) Name of Private Health Fund

20. (Required) Member Number of Private Health Fund?

21. (Required) Does the travelling Athlete have ambulance cover? (Please tick ONE option)

☐ Yes

☐ No

22. (Required) Please list off any known allergies or adverse reactions to medications or substances?

23. (Required) Please list off any medical conditions we should be aware of?

24. (Required) Please list off early warning signs for medical conditions/allergies?

25. (Required) Is the athlete currently taking any medication? (Please tick ONE option)

☐ Yes

☐ No

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26. (Required) Please outline name, dose and purpose of medication?

27. (Required) Are there any re-occurring injuries we need to be aware of?

28. (Required) Please provide the athlete's swimming ability? (Please tick ONE option)

- ☐ Cannot swim
- ☐ Weak Swimmer (floats for short time)
- ☐ Average Swimmer (can swim up to 25m)
- ☐ Strong Swimmer (can swim 50m+ and tread water)

29. (Required) Do you give permission for your Athlete to take Paracetamol (e.g. Panadol) (Please tick ONE option)

- ☐ Yes
- ☐ No

30. (Required) Do you give permission for your Athlete to take Ibuprofen? (Please tick ONE option)

- ☐ Yes
- ☐ No

31. (Required) Do you give permission for basic first aid, including the cleaning and dressing of minor wounds? (Please tick ONE option)

- ☐ Yes
- ☐ No

32. (Required) Has your athlete travelled and stayed independently without family previously? (Please tick ONE option)

- ☐ Yes
- ☐ No

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33. (Required) Please let us know how your child likes to wind down? E.g. reading, quiet space, board games, music etc.

34. (Required) Are there any other concerns, needs or information you would like the off-field team to know about? E.g. Sleeping habits, travel anxiety, sensory issues, religious practices, dietary requirements etc.?

35. (Required) I confirm that the information provided is true and complete to the best of my knowledge

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