



SINGAPORE RUGBY UNION

MEDICAL CONSENT FORM

2018-2019

Full Name (As in NRIC / Passport): _____

DOB: _____ NRIC / Passport No.: _____

Address: _____

I, _____ NRIC / Passport No. _____

(name and ID no. of the player / parent or lawful guardian of the player if the player is under 21 years of age)

understand that my / my child's / my ward's medical records compiled by the Singapore Rugby Union (SRU) Medical Team are being kept on computer and / or on paper and that they are only available to the members of the Medical Team of Singapore Rugby Union.

I consent to information from these records being used, disclosed and processed for or to facilitate the following purposes.

1. In order to establish fitness for selection, my records and details of any injuries may be discussed between the medical staff, the manager / coach and strength and conditioning staff.
2. Information regarding the diagnosis of injuries sustained and consultations / investigations undertaken may be passed to or requested from other Medical Specialists and/or practitioners involved in my care. This includes medical and screening records held at Singapore Sports Institute, and with my current clubs' medical officer, physiotherapist and/or trainer.
3. If selected for International duty I understand that, in my interests, communication with the Tournament Doctor and/or the Physiotherapist of the host nation regarding my relevant medical history may be necessary to facilitate medical care.
4. My records (in whole or part) may be transferred, at my request, to other countries or clubs. I accept that those countries may not afford me the same level protection for my personal information as Singapore.
5. The Medical Department section of the Singapore Rugby Union may keep a photocopy of my medical records when I no longer play for them as part of the medical record management stipulated by the relevant professional bodies.
6. My records may be inspected by an external doctor/physiotherapist for the purpose of audit in respect of the notes being assessed to ensure they comply with the Minimum Standards Criteria. The external doctor/physio will be bound by the medical and physiotherapy practitioners code of practice and in particular confidentiality.



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I understand that even though I have signed the consent form,

- I am not obliged to give my permission to share my medical records and information.
- I may withhold consent for any information on specific consultation, tests or treatments to be given to any of the above named persons. Medical, scientific and other support staff can be told there is refusal of release but no other details will be given.
- If I wish to withdraw my permission to share my medical records and information, I must approach the Singapore Sports Council and / or SRU Medical and fill in a further form / notify them in writing.
- If any other person or Organisation requests access to these records, this will be refused without my prior written request
- My permission is valid for 12 months from the date below.

Full Name (Print) : _____

Signature: _____

Date: _____

*** IF THE PLAYER IS UNDER 21 YEARS OF AGE - PLEASE COMPLETE THE SECTION BELOW.**

Full Name of Parent / Guardian

Relationship to Player

Signature of Parent / Guardian

Date

1. This form **MUST** be fully completed and signed by the player. If the player is below 21 years old, the form should be signed by the player's parent / guardian.
2. Photocopies of relevant documents (e.g. birth certificate, marriage certificate and letters of administration) are to be attached as proof of relationship to player if applicable.
3. Player has to enclose a photocopy of own NRIC (front & back view) / Photo ID if submitting via mail and fax.
4. If the player is deceased or unable to give consent, consent is required from the appointed representative of the player. A copy of player's death certificate is required.
5. The release of the medical information is subject to official approval and the requester would be notified about the status.