



Self-Injection Registration Request Form

The AIS No Needles Policy is to ensure no ASC Staff or other individuals using the AIS Facilities possess injection equipment or self administer injections other than those individuals authorised to do so.

If you have medical condition that requires self-injection or the carrying of self-injection equipment please complete this form prior to visiting the AIS and return to AIS Sports Medicine or email David.Hughes@ausport.gov.au or fax to +61 2 6214 7913.

Any details provided will be treated confidentially and entered onto the AIS Self-Injection Register.

Name		DOB	
<input type="checkbox"/> Athlete	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Visitor. Give details:	
Contact details		Dates of residence or visit to AIS facilities	
Address			
Email		AIS facilities involved	
Mobile		AIS Canberra Y/N	
		AIS ETC Y/N	
		AIS Pizzey Park Y/N	
		Other	
Please give specific details of the medical condition that requires you to self-inject or carry self-injection equipment			
Please attach any supporting relevant documents			
Name and contact details of your GP or Specialist			
Signature:		Date:	

I, _____ give permission for AIS Department of Sports Medicine to contact my GP and/or medical specialist, if further details are required, regarding this condition.

Signed: _____ Date: _____

If under 18 years of age:

I, _____ (insert parent's name) give permission on behalf of my child, _____ (insert child's name) for AIS Department of Sports Medicine to contact our GP and/or medical specialist, if further details are required, regarding this condition.

Signed: _____ Date: _____