



## JUNIOR PLAYER MEDICAL PROFILE – PERSONAL RECORD

*In the event of accident or injury, it is necessary for the club to recognise any previous or present conditions so that the player's circumstance may be properly managed.*

*All the information on this sheet is confidential. Access to this sheet is limited to club officials and coaches.*

*This form must be completed for you to participate in training and weekend matches.*

Player Details			
Name		DOB	
Address		Phone-AH	
Suburb/Town		Phone-BH	
Postcode		Mobile	

Emergency Contact Persons (must nominate at least 2 contacts)					
Title	Name	Surname	Home Phone	Mobile	Relationship to Player

Health Care Details			
Medicare Card Number			
Ambulance Member	Yes/No	Membership Number	
Private Health Fund	Yes/No	Membership Number	
Name of Private Health Fund			

Medical History	
Does the player suffer from	Details on how condition could impact on player during sport
<input type="checkbox"/> ASTHMA	
<input type="checkbox"/> EPILEPSY	
<input type="checkbox"/> DIABETES	
<input type="checkbox"/> SEVERE ALLERGY	
<input type="checkbox"/> Other ALLERGY	
<input type="checkbox"/> Other (recent surgery)	

What medication (if any) will the player require to be available during training or matches. Please state dosages and any other details.

In case of worsening medical condition what steps need to be taken to ensure the player's safety, including medication used.

To the best of my knowledge, all information contained on this form is correct. I authorise The Central Yorke Football Club, in case of an injury to the player, to provide the necessary First Aid. I consent, where it is impractical to communicate with either of the Emergency Contact Persons or adult carer into whose care the player has been placed for the day of training or match play, to the player receiving medical or surgical treatment as may be deemed necessary and an Ambulance being called if deemed necessary. It is acknowledged that in the event of accident or injury, the Central Yorke Football Club may not be held liable or hold any legal responsibilities.

Name of person consenting (parent or guardian)			
Signature		Date	___/___/___