

Confidential Information

The following information is required if a player is involved in a medical emergency and a parent/guardian is not present.

All information will be retained by the Team Manager and is confidential.



Player's full name:	Date of birth:
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Parent/guardian's full name:	
Relationship:	
Emergency telephone number:	<i>After hours:</i>

Name of person to contact in an emergency (if different from the parent/guardian):	
Relationship:	
Emergency telephone number:	<i>After hours:</i>

Name of family doctor:	
Address of family doctor:	
Phone number:	

Medicare number:	No. on card:
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Medical/hospital insurance fund:	Member number:
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Ambulance Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ambulance number:

Please tick if the player is living with any of the following health conditions:

- Asthma (if ticked please provide Asthma Management Plan)
- Anaphylaxis (if ticked please provide Individual Management Plan)
- Blackouts Diabetes Dizzy spells Migraine
- Heart condition Developmental Disability Fits of any type
- Bleeding disorder
- Other: _____

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Allergies

Please tick if the player is allergic to any of the following:

Penicillin Other Drugs: _____
 Foods: _____

Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____

Medication

Is the player taking any medicine(s)? Yes No

If yes, provide the name of medication

Medical consent

In the case of a serious injury or medical emergency where I am not present, is unable to contact me, or it is otherwise impracticable to contact me, I consent to the Coach, Team Manager or other Club Representative ('Representative') to:

- Consent to the player receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the Representative judges to be reasonably necessary.
- I agree to meet all medical expenses for urgent medical attention which is required and is not covered by the insurance policy held by the Club.

Child Safety: other information

Are there any of the following Orders in place relating to the player that the Club should be aware of;

NO YES

Details Consent order Parenting Order Parenting Plan

Other info.: _____

I have provided all information to the best of my knowledge.

Signature of parent/guardian named above (or player's own signature if over 18 years of age):

Date: