



# Medical Form Season 20.....



Player Surname: ..... Player Given name: ..... Date of Birth: .....

Team & Coach: .....

Address: .....

Medicare Number: ..... Ambulance Cover: Yes  No

Private Health Ins.: Yes  No  Fund: .....

Parent's Name: ..... Phone/Mobile Number: .....

Emergency Contact: ..... Emergency Number .....

1) Do you suffer from any of the following? Please mark "Yes" or "No" as Appropriate.

- |                |                              |                             |   |
|----------------|------------------------------|-----------------------------|---|
| Asthma         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |
| Allergies      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If "Yes" you must fill in an Allergy alert form |
| Migraines      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |
| Diabetes       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |
| Heart Problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |
| Epilepsy       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |

2) Do you take any medication regularly or for emergency use?

If yes, please give details:

3) Do you wear contact lenses? Yes  No

4) Have you suffered any major illness or injury in the last 12 months?

If yes, please give details:

5) Do you have any injuries/medical conditions that the coaching staff should be aware of?

If yes, please give details:

6) Is there anything at all not covered in this document that the coaching staff should be aware of?

If yes, please give details: (e.g. Past History)

## Consent of Treatment

I, ..... being the parent/guardian of the player whose details appear on this form, hereby consent to the player's participation in training activities and competition matches under the direction of the staff appointed by the Oakleigh Cannons JFC. In the event of a medical emergency, I authorise any treatments or procedures that may be deemed necessary by a legally qualified medical practitioner.

.....  
*parent/guardian name*

.....  
*parent/guardian signature*

*Or if 18 years or older please sign below:*

I, ..... being 18 years or older hereby authorise any treatments or procedures that may be deemed necessary by a legally qualified medical practitioner.

.....  
*player's name*

.....  
*player's signature*