

# **PLAYER MEDICAL FORM**

## **STRATHALBYN FOOTBALL CLUB**

### **2023 Season**



*All players must fill out and return to the Club each season.*

#### **Personal Information**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent / Guardian / Emergency Contacts:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name : \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **Health Cover Information**

Medicare Number: \_\_\_\_\_ Reference number on card: \_\_\_\_\_

Ambulance Cover:  NO  YES Policy Number \_\_\_\_\_

Private Health Insurance:  NO  YES Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctors Name: \_\_\_\_\_ GP Practice / Surgery : \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>MEDICAL / PHYSICAL CONDITION</b>	<b>YES / NO</b>	<b>MEDICATION / TREATMENT / INSTRUCTIONS FOR EMERGENCY</b>
ASTHMA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
EPILEPSY	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HEART CONDITIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DIABETES	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FAINTING / DIZZINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MENTAL HEALTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICAL INJURIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please advise if your child has any other conditions or concerns that would be helpful for the coaches / trainers and support staff to be aware of, to ensure that your child's learning and development can be well supported this season. (Examples; Social or Generalised Anxiety, Autism, Behavioural / Emotional disorders, Learning difficulties):

**AUTHORITY:** I authorise the Coach/Team Manager/Trainer/Committee to obtain medical assistance, which is deemed necessary, and agree to pay all medical expenses incurred.

**MOUTH GUARDS:** I am aware the Clubs policy is to wear a mouth guard on the oval at all times and understand that I am totally responsible for any injuries received as a result of not wearing a mouth guard.

**Player Signature (if over 18):** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_\_\_

**Parent / Guardian Signature (if under 18):** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_\_\_