

PLAYER MEDICAL FORM

STRATHALBYN FOOTBALL CLUB

2025 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: _____

MEDICAL / PHYSICAL CONDITION	YES / NO	MEDICATION / TREATMENT / INSTRUCTIONS FOR EMERGENCY
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:** ___/___/_____