



# Jamestown Peterborough Football & Netball Club

## Player Medical Form & Personal Record 2016

To be completed and signed by the player/guardian and returned to your coach.  
 This form will be shredded on completion of the 2016 season

### Contact Information

Last Name		First Name(s)	
Address			
Town/Suburb		Post Code	
Birth Date		School year level	
Home Number		Work Number	
Mobile Number			
Email Address			
Parent/Guardian 1	Name:	Contact number:	
Parent/Guardian 2	Name:	Contact number:	
Emergency Contact	Name:	Contact number:	
	Relationship to Player:	Mobile number:	

### Consent to publication of photos

I CONSENT TO MY PHOTOGRAPH BEING PUBLISHED IN THE MEDIA, including but not limited to the budget, local newspapers and on-line media (please strike this out and initial if you DO NOT consent)

### Medical Information

MEDICARE NUMBER: ..... MEDIC ALERT NUMBER (if applicable) .....

PRIVATE HEALTH FUND: ..... MEMBERSHIP NUMBER .....

AMBULANCE COVER: .....

**OR**  I have no private health cover, but I am prepared to pay all costs associated with any injury I sustain whilst playing, training or volunteering with the Jamestown Peterborough Football & Netball Club

Signed: .....Player (if 18 or over) Signed: .....Parent/Guardian

#### GENERAL PRACTITIONER:

Name: ..... Phone: .....

Address: .....

#### PERSONAL DENTIST:

Name: ..... Phone: .....

Address: .....

**MEDICAL CONDITIONS: (Medical Care Plan required. Please provide photocopy of current medical care plan/action plan as provided to school or workplace or download plan from <http://www.chess.sa.edu.au/index.htm>)**

Asthma: Yes  No  Details .....

Diabetes: Yes  No  Details .....

Epilepsy: Yes  No  Details .....

Rheumatic Fever: Yes  No  Details .....

Allergies/sensitivities: Yes  No  Details .....

ANY OTHER DETAILS THAT YOUR COACH NEEDS TO CONSIDER .....

**MEDICATION:**

Prescribed: .....

Medication allergies .....

**IMMUNISATIONS:**

Tetanus Yes  No  Details of last booster injection .....

Hepatitis B Yes  No  Details .....

**CONTACT LENSES:**

Yes  No  Details .....

**PREVIOUS CONCUSSION**

Yes  No  Details & date .....

**OTHER INJURIES**

Chronic: (longstanding) 1 .....

2 .....

Acute: (recent) 1 .....

2 .....

**DO YOU REQUIRE SPECIAL STRAPPING?**

Details .....

**FAMILY HISTORY:**

Heart Disease: Yes  No  Details .....

Death at an early age: Yes  No  Details .....

(of parent or sibling)

Other: .....

**DECLARATION AND CONSENT:**

**TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED ON THIS FORM IS CORRECT  
 I CONSENT TO MY COACH RETAINING MY EMERGENCY CONTACT DETAILS ON THEIR MOBILE PHONE  
 FOR THE DURATION OF THE 2016 SEASON (strike out and initial this sentence if you DO NOT agree)  
 (IF UNDER 18 PLEASE HAVE A PARENT OR GUARDIAN SIGN THE FORM)**

Signed: ..... Date: .....

Parent/Guardian: ..... Date: .....  
(if player is under 18 years)