



Jamestown Peterborough Football & Netball Club

Player Medical Form & Personal Record 2020

To be completed and signed by the player/guardian and returned to your coach.
This form will be shredded on completion of the 2020 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

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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 2020 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)