



# Jamestown Peterborough Football & Netball Club

## Player Medical Form & Personal Record 2021

To be completed and signed by the player/guardian and returned to your coach.  
 This form will be shredded on completion of the 2021 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 2021 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)