

# PLAYER MEDICAL FORM & MEDIA CONSENT

## JAMESTOWN PETERBOROUGH FOOTBALL & NETBALL CLUB

All players must fill out and return to you coach or team manager each season.



### Player personal Information

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

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

Phone Number (if over 18): \_\_\_\_\_

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: Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

**OR** ☐ I do not have Private Health cover but am prepared to pay all costs associated with injury sustained while playing, training, or volunteering for J.P.F.N.C.

General Practitioner: \_\_\_\_\_ Surgery Ph: \_\_\_\_\_

Personal Dentist: \_\_\_\_\_ Ph: \_\_\_\_\_

MEDICAL / PHYSICAL CONDITION	YES / NO	MEDICATION / TREATMENT / INSTRUCTIONS FOR EMERGENCY
ASTHMA		
EPILEPSY		
HEART CONDITIONS		
DIABETES		
ALLERGIES		
FAINTING / DIZZINESS		
PHYSICAL INJURIES		

**STRAPPING REQUIREMENTS:** A letter from your Doctor or Physio must be given to a Trainer prior to strapping if the players is aged 17 & under.

Please advise if you have any other conditions or concerns that would be helpful for the coaches / trainers and support staff to be aware of, to ensure that you can be well supported this season. (E.g., Social or Generalised Anxiety, Depression, Autism, Behavioural/Emotional disorders).

**CONCUSSIONS:** Number of past concussions \_\_\_\_\_ Date(s) \_\_\_\_\_

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

**MOUTH GUARDS:** I am aware that the Club recommends wearing a mouth guard at all times while training and playing football and understand that I am totally responsible for all costs associated with any injuries received as a result of not wearing a mouth guard.

**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 social media. YES NO

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

Or Parent / Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_