



JUNIOR PLAYER MEDICAL ADVICE CARD 2020

PLAYER'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MEDICARE #: \_\_\_\_\_

PRIVATE HEALTH FUND: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

FAMILY DOCTOR/MEDICAL CENTRE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_ RELATIONSHIP TO PLAYER: \_\_\_\_\_

I give permission to call an Ambulance in an emergency: YES / NO

Does the player suffer from:	Yes or No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		

Does the player experience any of the following signs and symptoms during training/playing?

Undue shortness of breath	
Chest pain	
Light headedness, dizziness or episodes of fainting?	
Become tired/fatigued easily	

Any other conditions that our Club should be aware of? \_\_\_\_\_

Any regular medication or current medication (please supply details ie. reason for medication/times etc)?  
\_\_\_\_\_

Any physical problems (ie muscular/joint) that may limit the player in physical activity? \_\_\_\_\_

Has the player suffered concussion in the last three years (please supply details of treatment and outcomes)?  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES / NO

I declare this to be a true statement of the player's health status as at the date below.

I will inform the Club First Aid Officer of any problem that may occur during the season that is relevant to the player playing Rugby League.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_