

Gympie Junior Rugby League Player Medical Advice Confidential Form



NAME:		D.O.B:	
ADDRESS:			
CONTACT DETAILS:	HOME:	WORK:	MOBILE:
	EMAIL:		
EMERGENCY CONTACT:	NAME:	RELATIONSHIP:	
	PHONE:		
FAMILY DOCTOR:	PHONE:		
MEDICARE NUMBER:	REF:	EXP:	

MEDICAL INFORMATION

Does your child suffer from any of the following, if so management details:

Diabetes	YES / NO	
Asthma	YES / NO	
Epilepsy	YES / NO	
Bronchitis	YES / NO	
Allergies	YES / NO	

Does your child experience any of the following signs and/or symptoms during training and/or playing?

Undue shortness of breath	YES / NO	
Chest pain	YES / NO	
Light headedness, dizziness or episodes of fainting	YES / NO	
Become tired/fatigued easily	YES / NO	

Any other condition the club should be aware of?

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Any regular medication or current medication? If so please supply details:

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Any physical, i.e. muscular/joint problems that may limit your child in physical treatment and outcomes?

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Has your child suffered concussion in the last three years? If so please supply details of treatment and outcome

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

TERMS AND CONDITIONS

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

I give permission for the Gympie Junior Rugby League Club to seek medical aid if necessary for my child in the event of any injury or illness and to arrange transport to the nearest hospital by ambulance. I understand any cost incurred will be paid by me and I not the responsibility of the club.

GJRL will follow on with schools suspensions. He/she will also be suspended from playing club football for the same period of time. The player will however still have to fulfil their obligation to his/her team by attending training and games during the suspension period.

SIGNED:

NAME:

DATE:

Office Use Only: