

# PLAYER MEDICAL FORM

## SOUTHERN EAGLES FOOTBALL & NETBALL CLUB - 2023 Season

*All players must fill out and return to the Team Manager each season. All information on this sheet is confidential.  
Access to this sheet is limited to Team Manager, Secretary, Sports First Aider, Sports Trainer and Coach.*

### **Personal Information**

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

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

Phone Number: \_\_\_\_\_ 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:  NO  YES Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctors Name: \_\_\_\_\_ GP Practice / Surgery : \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

MEDICAL / PHYSICAL CONDITION	YES / NO	MEDICATION / TREATMENT / INSTRUCTIONS FOR EMERGENCY
ASTHMA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
EPILEPSY	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HEART CONDITIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DIABETES	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FAINTING / DIZZINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MENTAL HEALTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICAL INJURIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please advise if your child has any other conditions or concerns that would be helpful for the coaches / trainers and support staff to be aware of, to ensure that your child's learning and development can be well supported this season. (Examples; Social or Generalised Anxiety, Autism, Behavioural / Emotional disorders, Learning difficulties):

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

**MOUTH GUARDS:** I am aware the Clubs policy is to wear a mouth guard on the oval at all times and understand that I am totally responsible for any injuries received as a result of not wearing a mouth guard.

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

Parent / Guardian Signature (if under 18): \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_\_\_