

Echuca United Football Netball Club Medical Records

Personal Details

Name _____ Date of Birth _____
 Address _____
 Phone (h) _____ (m) _____ (w) _____
 Email _____

Emergency Contact Details

Name _____ (ph) _____
 Doctor's Name & Address _____
 Medicare Number _____

Ambulance Cover (please circle) Yes / No Subscription Number _____

NOTE: If you don't have ambulance cover please read and sign the following –

I give the Echuca United Football Netball club should they deem it necessary permission to have me/my child transferred to hospital by ambulance with the knowledge that I am liable to pay any costs incurred.

Signature _____ Date _____

If under 18 signature of Parent or Guardian _____

Medication & Medical (please circle)

Are you under any current medication? Yes / No

(If yes, please explain) _____

Have you suffered any fractures ? Yes / No

If yes, which part of the body and date of most recent occurrence?

Body Part _____ Date _____

Do you tape any joints? Yes / No

(If yes, where and why)

Where _____ Why _____

Do you suffer from Wheezing or Asthma? Yes / No

Diabetes? Yes / No

Epilepsy? Yes / No

Constant Headaches? Yes / No

Lower Back Pain? Yes / No

Skin Problems? Yes / No

If yes, please specify _____

Are you allergic to Penicillin? Yes / No

Other Drugs? Panadol Yes / No

Any Foods? Yes / No

Other Allergies? Yes / No

If yes, please specify _____

Other Information

If there is anything that you feel we need to know that will affect the medical treatment you will receive whilst a member of the Echuca United Football Netball Club? Yes / No

If yes, please explain _____

Consent to Medical Attention

In the event of illness or injury to me/my child while involved in any activity under the control of Echuca United Football Netball Club, I authorize the club officials (where it is impracticable to communicate with me or the emergency contact) to arrange emergency medical treatment as is deemed necessary by a qualified practitioner. I will pay any costs / expenses thus incurred.

Signature (if under 18 parent or guardian) _____ Date _____

THE INFORMATION SUPPLIED ON THIS FORM WILL BE REGARDED AS HIGHLY CONFIDENTIAL