2014 ATHLETE MEDICAL PROFILE (JUNIOR/YOUTH/U18)

CONFIDENTIAL- PERSONAL RECORD

Access to this sheet is limited to President, Sports First Aider, Sports Trainer and Coach.
This information will be kept with the Trainer on game days. All information will be returned to the club at the conclusion of the season.

TEAM

UNDER ……..

PERSONAL DETAILS

SURNAME:…….. FIRST NAME: …….

DOB:…….. JUMPER NO:……

EMERGENCY CONTACTS

MOTHERS NAME:…….. MBL: ……..

FATHERS NAME:…… MBL:…….

HM TEL:.....

CURRENT HISTORY

PLEASE LIST CURRENT MEDICAL PROBLEMS

……

……

LIST REGULAR MEDICATIONS INCLUDING SUPPLEMENTS

……

ALLERGIES

……...

ANAPHALAXIS	YES	NO
ANAPHALXIS MANAGEMENT PLAN (If yes please include a copy)	YES	NO
ASTHMA (If yes please include a management plan)	YES	NO

SPORTS INJURIES (Please list any injury that is current/requires surgery/ recurring injuries)

……

……

……

PAST HISTORY

Have you ever had…….

EPILEPSY	YES	NO
HEPATITIS A	YES	NO
HEPATITIS B	YES	NO
DIABETES	YES	NO
HEART PROBLEMS	YES	NO
HEART MURMUR	YES	NO
ASTHMA/BRONCHITIS	YES	NO
HERNIA	YES	NO
CONCUSSION	YES	NO

Have you sustained…….

1. A FRACTURE IN THE LAST 3 YEARS YES NO

If yes, where?.....

2. A DISLOCATION YES NO

If yes, where? ……

Do you suffer from…….

1. RECURRING PAIN IN ANY JOINT WHEN PLAYING/TRAINING

YES NO

If yes, where?.....

2. BACK/NECK PAIN YES NO

3. HAVE YOU EVER BEEN TREATED FOR A BACK OR SPINAL INJURY?

YES NO

DECLARATION

To the best of my knowledge, all information contained on this sheet is correct

NAME:…….. SIGNED……

DATE:……

EMERGENCY

In the event I am uncontactable during training and/or match days, I authorise the trainer in charge, to seek and/or provide such medical or surgical attention for my child/ren as may be deemed necessary by a medical practitioner.

Name of Parent/Guardian (Please Print)……

Signature (Parent/Guardian) ……Date: ……..

Regards

Jo Siketa

Sanctuary Lakes Sharks

Sports Trainer

SMA Trainer Accreditation no: 13/1214/948195