



# GRETA/BRANXTON FC MEDICAL INFORMATION FORM 2017

**THIS FORM IS TO BE KEPT BY THE TEAM MANAGER AT ALL GAMES  
& HANDED TO A MEDICAL OFFICER IF THEY NEED TO  
ATTEND TO THE INJURED PLAYER**

Please complete the form and return it to your child's team manager

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

Parents Contact Details in case of an emergency:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Please Tick:	Medical Condition:	Information on treatment or special instructions:
	<u>Asthma</u> or other respiratory disorder:	
	Fainting or dizzy spells:	
	Heart Condition:	
	Diabetes:	
	Hearing / Sight disorder:	
	Allergies or Anaphalaxis:	
	Other: ( including behavioral/ learning disabilities you believe the club/ coach needs to know about to help your child with games/ training)	

Doctor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medical Centre Address: \_\_\_\_\_

I authorise the coach or manager to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred including ambulance.

Medicare no: \_\_\_\_\_ Child's no on card: \_\_\_\_\_

Private Health Fund Y/N if so fund name \_\_\_\_\_ Fund memebr no \_\_\_\_\_

Do you have ambulance cover with your private health Y/N

Parent's name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ date: \_\_\_\_\_

As a duty of care the team manager must also alert the coach & club secretary if there is any important information on this form that the club should be made aware of