

Club Use Only
Age Group
Paid
Kid Active Voucher Y / N #

PLAYER MEDICAL PROFILE - PERSONAL RECORD

All information on this sheet is confidential. Access to this sheet is limited to coach, and support staff. This information will be treated in accordance with the club's privacy policy. See Privacy Statement below.

		Parent / Guardian Contact			
1.	Surname	Given Name			
		Mobile Phone			
	Relationship to player			_	
2	Surname	Given Name			
		Mobile Phone			
		Medic Friend			
	Relationship to player			- -	
		<u>Players Details</u>			
Su	rname	Given Name			
Su	burb	Postcode			
		Players Mobile #			
	——————————————————————————————————————			_	
Se	ex: M / F D.O.B	Age			
Pri Pri Ac Su Do	ddress burb o you have Ambulance cove				
	Current medical Issues:	<u>Concin majory</u>			
	current medical issues:				
R	egular Medications, including	supplements, stating name and dosag	je:		
	o you have or have ever has a	asthma or used asthma medications:	YES	NO	
			. 20		
	Allergies? Yes, please provide a copy of	your allergy management Plan.	YES	NO	

Sports injuries: (Please list any injury, which is current/recurring or requires surgery)								
Have you had Epilepsy Hepatitis A Hepatitis B Diabetes Heart Problems Heart Murmur	Yes No Yes No Yes No Yes No Yes No Yes No	Past History Do you wear Glasses Yes No Contact Lenses Yes No If Yes, please specify?	Have you suffered a concussion in the past 3 years? Yes No Date: Please note that a medical certificate will be required prior to any players taking the field after a concussion.					
Bronchitis Hernia Have you sustain in last 3 years Ye		If Yes, Where?	If Yes, Where?					
Tetanus Last Booster// Have you ever been treated for head, neck or Spinal Injury: Yes/ No Details:								
Does this condition affect your performance?								
To the best of my knowledge, all information contained on this sheet is correct (if under 18 please have a parent or guardian sign)								
Signature		Date						

PRIVACY STATEMENT

Eaglehawk Junior Football Club abides by the relevant National Privacy Act 1988. We are committed to protecting your privacy. Much of the information on this form is sensitive information. Sensitive information will not be used for direct marketing purposes. The information on this form is used for the purpose of providing us with the background as to your past and present medical details. The types of organizations to whom we usually disclose this information will be health care providers including our sports trainers and sports first aiders but may also be viewed by coaches, committee and officials. We may also have to disclose it to our professional advisers and insurer. If you do not provide us with any or all of the personal information that we request, then you may not be able to play sport in any of our teams. You can get more information about the way we manage your personal information by writing to Eaglehawk Junior Football Club. Please contact us on PO Box 325 if you would like to access or correct the information that we hold about you.

DISCLAIMER "The information contained in this resource is in the nature of general comment only, and neither purports, nor is intended, to be advice on a particular matter. No reader should act on the basis of anything contained in this resource without seeking independent professional advice from appropriate persons. No Responsibility or liability whatsoever can be accepted by Sports Medicine Australia, the Government of Victoria or the authors for any loss, damage or injury that may arise from any person acting on any statement or information contained in this resource and all such liabilities are expressly disclaimed."

(Adapted from: Asthma Victoria, Commonwealth Department of Health and Aged Care, Smartplay, Sports Medicine of Australia - SA Branch)