



DONCASTER JUNIOR FOOTBALL CLUB INC.

PLAYER'S PERSONAL DETAILS AND MEDICAL PROFILE

SEASON 2010

Football is a 'contact' sport. Despite the best efforts of coaching staff, umpires and other officials, there is always a risk of injury to players. In addition, players may have prior or existing medical conditions which may impact on their participation, or require special consideration in particular circumstances. Would you please provide the following information so that the best possible assistance can be provided to your child, if and when required.

All information on this form will be treated confidentially. Access to this information will be limited to the Team Manager, Coach, Assistant Coach, First Aiders, and Health Care Professionals as required.

Player's Personal Details

Surname Given Name/s

Date of Birth

Address

Parent/s (or Guardians) who live at above address

Home Phone (at above address) Mobile No/s

Parent/Guardian's Authorisation

Where it is impractical to make contact with me, I authorise the supervising Team Official to arrange any medical treatment deemed necessary for my child, and any transportation required for this purpose.

Signature of parent or legal guardian Date

Other Emergency Contacts (if parent/s above are not contactable)

Name/s Relationship to player.....

Address

Home Phone (at above address) Mobile No/s

Name/s Relationship to player.....

Address

Home Phone (at above address) Mobile No/s

Health Care Details

Medicare no Private Health Insurance Fund

Ambulance Service Membership, or similar cover through Health Insurance? Yes /No

Doctor Phone contactable at all times? Y / N

Address

Dentist Phone contactable at all times? Y / N

Address

Other Phone contactable at all times? Y / N

Address



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Past Medical History

Has the player ever had

Epilepsy	Yes / No
Hepatitis A	Yes / No
Hepatitis B	Yes / No
Diabetes	Yes / No
Heart Murmur	Yes / No
Other Heart Problems	Yes / No
Asthma/Bronchitis	Yes / No
Hernia	Yes / No
Concussion	Yes / No

Has the player ever been treated for a head, neck or spinal injury? Yes / No

In the last 3 years has the player sustained
 A fracture..... Yes / No
 A dislocation Yes / No

If yes to any of the questions above, please provide details

Does any other past medical condition, affect the player's performance? If so, how?

Current Medical History

Does the player wear glasses or contact lenses? Yes / No Does the player suffer from recurring pain playing sport or during practice? Yes / No Does the player have any injury which is current or recurring that requires treatment? Yes / No

Please provide additional information about any current medical conditions

Does the player have, or is the player taking medications for any condition? (please provide details of drug and dosage)

Does the player have a mouthguard to wear at training and matches? Yes / No

What other protective equipment does the player have to wear at training and matches?

Other Information

Is there any other information which club officials or health care providers should know?
 (please provide details)

To the best of my knowledge, all of the information I have provided on this form is correct

Signature of parent or legal guardian Date.....