

**South Mornington Junior Football Club
Player Medical Profile - Personal Record 2013**



Player Details			
Name		Date of Birth	
Address		Home Ph No	
Parent / Guardian Details		Emergency Contact	
Name(s)		Name(s)	
Address		Address	
Home Ph	Mobile	Home Ph	Mobile
Relationship to player		Relationship to player	

Healthcare		
Medicare No	Private Health Insurance YES / NO	Name of fund
Family Doctor		Ph No
Ambulance Member YES / NO	Member Number	

Medical Details			
Please indicate if the player currently suffers or has suffered (within the last 2 years) of any of the following:			
Asthma	YES / NO	Concussion	YES / NO
Epilepsy	YES / NO	Head, neck or spinal injury	YES / NO
Diabetes	YES / NO	Allergies	YES / NO
Heart Problems	YES / NO	Hepatitis B /C	YES / NO
Other medical conditions	YES / NO		
If YES to any questions, please provide additional information below and provide copy of management plan(s)			
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MOUTHGUARDS ARE COMPULSORY DURING ALL GAMES

Emergency Authorisation	
In the event the player requires :	
▪ an Analgesic (Panadol) for minor pain, do you consent to it being administered by a First Aider or Trainer	YES / NO
▪ a Bronchodilator (Ventolin or Bricanyl) do you consent to it being administered by a First Aider or Trainer	YES / NO
Where an official or representative of the South Mornington Junior Football Club is unable to contact me, or it is otherwise impracticable to contact me,	
I authorise the First Aid person in charge to:	
▪ consent to the Player receiving such medical or surgical attention as may be deemed necessary by a medical practitioner	
▪ administer such first-aid as the First Aid person in charge may judge to be necessary	
I also acknowledge that injuries may occur during sport and accept that risk. I understand that the information given here is of a confidential nature and only to be used in an emergency, however I give permission for this information to be distributed to Club Trainers, Coaches, Team Managers and Committee when relevant.	
Signature of Parent / Guardian Date	