

Ballarat City Football Club

COACHES/COACHING STAFF MEDICAL INFORMATION

*SURNAME:

*GIVEN NAME(S):

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*ADDRESS:

*DATE OF BIRTH:

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*SUBURB:

*STATE:

*POSTCODE:

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*PHONE (Home & Mobile):

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*EMERGENCY CONTACTS NAME & PHONE:

NO:1		
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NO:2		
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*MEDICARE CARD NUMBER:

HEALTH CARE CARD DETAILS:

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PRIVATE HEALTH INSURANCE DETAILS:

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DOES YOUR PRIVATE HEALTH INSURANCE INCLUDE AMBULANCE COVER?



YES*



NO

*IF NO, DO YOU HAVE INDEPENDENT AMBULANCE VICTORIA MEMBERSHIP? IF YES, PLEASE SPECIFY DETAILS:

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IF NO, BCFC ENCOURAGE ANNUAL AMBULANCE VICTORIA FAMILY/SINGLE MEMBERSHIP COVER

<http://ambulance.vic.gov.au/>

*DOCTOR NAME

*DOCTOR PHONE:

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*DENTIST NAME

*DENTIST PHONE:

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*DO YOU TAKE REGULAR MEDICATIONS? IF YES, PLEASE SPECIFY:

*DO YOU HAVE CURRENT SPORTS INJURIES? IF YES, PLEASE SPECIFY:

*HAVE YOU HAD A FRACTURE IN THE LAST 3 YEARS? IF YES, PLEASE SPECIFY:

*HAVE YOU HAD A DISLOCATION IN THE LAST 3 YEARS? IF YES, PLEASE SPECIFY:

*DO YOU SUFFER FROM RECURRING PAIN? IF YES, PLEASE SPECIFY:

*HAVE YOU EVER BEEN TREATED FOR A HEAD, NECK OR SPINAL INJURY? IF YES, PLEASE SPECIFY:

*ARE YOU CURRENTLY SEEING A PHYSIOTHERAPIST OR OSTEOPATH? IF YES, PLEASE SPECIFY:

DO YOU OBJECT TO BLOOD TRANSFUSION? YES NO

HAVE YOU HAD...

EPILEPSY DIABETES HEART PROBLEMS *ASTHMA/BRONCHITIS HERNIA CONCUSSION

DO YOU WEAR...

GLASSES CONTACT LENSES PROTECTIVE HEADGEAR MOUTH GUARD OTHER

Ballarat City Football Club

*DO YOU HAVE AN ASTHMA MANAGEMENT PLAN? YES NO

IF YES, PLEASE ENSURE COPY OF YOUR ASTHMA MANAGEMENT PLAN IS PROVIDED TO YOUR TEAM MANAGER AND THAT YOUR MEDICATION IS WITH YOU AT ALL TIMES AND COACH AND/OR TEAM MANAGER CAN EASILY LOCATE IF REQUIRED.

*ALLERGIES (ENVIRONMENTAL, FOOD, DRINK, MEDICATIONS ETC)? IF YES, PLEASE SPECIFY:

*DO YOU HAVE AN ANAPHYLAXIS EMERGENCY ACTION PLAN? YES NO

IF YES, PLEASE ENSURE COPY OF YOUR ANAPHYLAXIS EMERGENCY ACTION PLAN IS PROVIDED TO YOUR TEAM MANAGER AND THAT YOUR MEDICATION IS WITH YOU AT ALL TIMES AND YOUR TEAM MANAGER CAN EASILY LOCATE IF REQUIRED.

MEDICAL ATTENTION CONSENT:

I hereby consent in participating in training activities and competition matches under the direction of BALLARAT CITY FOOTBALL CLUB board of Directors. I understand that in the event of a medical emergency every effort shall be made to contact your emergency contact numbers. I give my permission to the Team Manager or Club Representative to seek on my behalf, treatment at a hospital and to call for an ambulance, doctor or dentist as may be required. I authorise any treatment or procedure that may be deemed necessary by a legally qualified medical practitioner.

PLAYER NAME:*

DATE:*

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REFERENCE: LINK TO FFV INSURANCE POLICY – FOR YOUR RECORDS

<http://www.gowgatessport.com.au/football/>