

# Ballarat City Football Club

## SENIOR MEDICAL INFORMATION

\*SURNAME:

\*GIVEN NAME(S):

--	--	--

\*ADDRESS:

\*DATE OF BIRTH:

--	--

\*SUBURB:

\*STATE:

\*POSTCODE:

--	--	--

\*PHONE (Home & Mobile):

--	--

\*EMERGENCY CONTACTS NAME & PHONE:

NO:1			
------	--	--	--

NO:2			
------	--	--	--

\*MEDICARE CARD NUMBER:

HEALTH CARE CARD DETAILS:

--	--

PRIVATE HEALTH INSURANCE DETAILS:

--

**DOES YOUR PRIVATE HEALTH INSURANCE INCLUDE AMBULANCE COVER?**  YES\*  NO

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

--

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

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

**ARE YOU SELF EMPLOYED?**  YES  NO

**IF YOU HAVE TICKED 'YES' THEN CONSIDER TAKING OUT 'INCOME PROTECTION INSURANCE'.**

\*DOCTOR NAME

\*DOCTOR PHONE:

--	--

\*DENTIST NAME

\*DENTIST PHONE:

--	--

\*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 COACH AND/OR 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 the staff appointed by BALLARAT CITY FOOTBALL CLUB. 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 Coach/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:\*

--	--

REFERENCE: LINK TO FFV INSURANCE POLICY – FOR YOUR RECORDS

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