

Ballarat City Football Club

JUNIOR PLAYER MEDICAL INFORMATION

*SURNAME: _____ * GIVEN NAME(S):*

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*DATE OF BIRTH: _____ *ADDRESS: _____

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*SUBURB: _____ *STATE: _____ *POSTCODE: _____

_____	_____	_____
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PHONE (Home & Mobile):*

_____	_____
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*EMERGENCY CONTACTS NAME & PHONE:

1. _____	_____	_____
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2. _____	_____	_____
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*MEDICARE CARD NUMBER: _____ HEALTH CARE CARD DETAILS: _____

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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 MEMBERSHIP OF \$89.80

<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 ANAPHLAXIS EMERGENCY ACTION PLAN? YES NO

IF YES, PLEASE ENSURE COPY OF YOUR ANAPHLAXIS 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:

As the parent/guardian of the player whose details appear on this form, I hereby consent in my child 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 myself/emergency contacts. I give my permission to the Coach/Team Manager or Club Representative to seek treatment for my child at a hospital and/or to call an ambulance, doctor or dentist as may be necessary. I authorise any treatment or procedure that may be deemed necessary by a legally qualified medical/dental practitioner.

*PARENT/GUARDIAN NAME:

* DATE:

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REFERENCE: LINK TO FFV INSURANCE POLICY – FOR YOUR RECORDS

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