

Ballarat North United Soccer Club



MEDICAL INFORMATION FORM

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE GROUP: _____

HOME PHONE NUMBER: _____ MOBILE NUMBER: _____

EMERGENCY CONTACT NO.1: _____ EMERGENCY NUMBER: _____

EMERGENCY CONTACT NO.2: _____ EMERGENCY NUMBER: _____

EMAIL ADDRESS: _____ BLOOD TYPE: _____

MEDICARE NUMBER: _____ AMBULANCE COVER: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

DENTIST'S NAME: _____ TELEPHONE: _____

PLEASE CIRCLE **YES** OR **NO** WHERE APPROPRIATE:

1. Do you suffer from any of the following?

Asthma	YES / NO	Diabetes	YES / NO
Allergies	YES / NO	Cardiovascular (heart) disease	YES / NO
Migraine Headaches	YES / NO	Other Known Medical Conditions	YES / NO

If you answered YES to any of these, please provide details:

2. Do you take any medication regularly or for emergency use? If YES, please provide details:

3. Do you wear oral inserts (dentures, braces, etc.)? _____

4. Do you wear contact lenses? _____

5. Have you suffered any major illness or injury in the last 12 months? If YES, please explain:

6. Please provide details of any current or recurring injuries:

7. Do you suffer from recurring pain in any joint when playing sport? YES / NO

If you answered YES, please provide details:

8. Do you wear any protective equipment (i.e. mouth guard, head gear)? YES / NO

If you answered YES, please provide details:

9. Have you ever had a head, neck or spinal injury? YES / NO

If you answered YES, please provide details:

I _____ being the player (or PARENT / GUARDIAN of the player if player is under the age of 18) whose details appear on this form, hereby consent to the (player's) participation in training activities and competition matches under the direction of the personnel appointed by the BNUSC. In the event of a medical emergency, where I or an appointed guardian for my child are not present, I authorise any treatments or procedures that may be deemed necessary by a legally qualified medical practitioner. I accept the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transport required.

I agree for this information to be included in the coach's information folder for use as and if required during training activities and competition matches under the direction of the personnel appointed by the BNUSC.

SIGNED: _____ PRINTED NAME: _____

DATE: _____