Port Football & Community Sporting Club Inc.

Junior Football Teams

Registration, Medical and Health Information Form

Please complete the following information. Season _____
The Coach will retain this form and take to all matches and trainings during the season.

Child's Name: _____

Year Level: _____ **Coach's Name:** _____

Date of birth: _____

Parent(s) of child _____

Emergency contact:

Home: **Work:**

Address: _____ _____

_____ _____

Phone: _____ _____

Other: (A relative/neighbour/close family friend that could be contacted in an emergency).

Name: (1)_____ **Name (2)** _____

Address _____ **Address** _____

Phone: _____ **Phone** _____

Doctor's Name and Phone Number : _____ **Ambulance Cover:** Yes/No

_____

Private Health Insurance Cover: Yes/No **Medicare Number:** _____
The Club encourages all families to have private cover.

MEDICAL CONDITIONS: (circle answer)**:**

1. Heart problems	Yes/No	2. Respiratory problems	Yes/No
3. Allergies	Yes/No	4. Travel sickness	Yes/No
5. Blood Pressure	Yes/No	6. Phobias	Yes/No
7. Recent operation	Yes/No	8. Recent illness	Yes/No
9. Drug Reactions	Yes/No	10. Diabetes	Yes/No
11. Asthma	Yes/No	12. Vision/Hearing problems	Yes/No

Any others (please indicate):

_____

Will this medical condition(s) affect your child:-

During practice or match play Yes/No

(PTO)

If you answered 'yes' to any medical conditions please complete below.
How could the medical condition affect your child?

_____

What treatment is required?

_____

MEDICAL EMERGENCIES

Are you aware of any possible medical emergencies which could affect your child? Yes/No (circle answer)

What specific action related to the above condition(s), if any, should be taken in an emergency? How do we recognise the emergency? How can it be avoided? Has your child's doctor indicated how it should be treated?

_____
_____
_____
_____

MEDICATION

Is it necessary for your child to take regular medication as part of the treatment for the medical condition?
Yes/No (circle answer)

Please indicate whether your child is being given medication for any of the above conditions.

Name of medication	Dose	Frequency of use of medication/when to be taken	Possible side-effects

SPECIAL AIDS

Does your child need to use any special aids.
e.g. spectacles, hearing aid etc. Yes/No (please circle)

If 'yes' give details:

_____

_____

If your child suffers from a condition which could require treatment please inform the Coach detailing in writing any treatment, especially for any emergency which may arise.

I give permission for the Port Football & Community Sporting Club Coach to take any action to ensure the safety and well-being of my child whilst competing for the Club in season _____.

Signature of Parent/Guardian: _____ Date: _____

PRIVACY STATEMENT: Port Football & Community Sporting Club has a Privacy Policy Statement detailing the handling of personal information pursuant to the Privacy Act 1988. The Privacy Policy Statement is available for your inspection.

If you require any further details please contact, Telephone: 86323866
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