

# Port Football & Community Sporting Club Inc.

## Junior Football Teams

### Registration, Medical and Health Information Form

Please complete the following information. Season 2015

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 \_\_\_\_\_

Contact Details: for emergency and information

Home:

Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Phone Work: \_\_\_\_\_

Email: \_\_\_\_\_

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

Name: (1) \_\_\_\_\_

Name (2) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

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  
or email [secretary@portfc.com.au](mailto:secretary@portfc.com.au).  
Website [portfc.com.au](http://portfc.com.au)**