

PERSONAL DETAILS

SURNAME _____ GIVEN NAMES _____

ADDRESS _____ POSTCODE _____

PHONE _____

DATE OF BIRTH _____ EMAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

RELATIONSHIP TO PLAYER _____

HEALTH CARE DETAILS

MEDICARE NUMBER _____

PRIVATE HEALTH INSURANCE _____ Yes/ No

AMBULANCE COVER _____ Yes/ No

DOCTORS NAME _____

PHONE NUMBER _____

ADDRESS _____

DENTISTS NAME _____

PHONE NUMBER _____

ADDRESS _____

CONSENT

I _____ (full name please)

- I do / do not give consent to the Riverton Saddleworth Marrabel United Football Club trainers to treat to the best of their knowledge and understand that it is not in their scope to diagnose.
- I do / do not give consent that in the event of serious injury and an ambulance is deemed necessary, I will cover the costs incurred.
- I understand that in the event of suspected concussion, the player will comply with the trainers advice and following the injury will not participate in training or game day until cleared and form signed by a GP.
- I do / do not give consent to the Riverton Saddleworth Marrabel United Football Club trainers to administer Panadol
- To the best of my knowledge, all information contained on this sheet is accurate.
- I have received a copy of the RSMU Football Club's Injury Policy and understand that I must be a financial member of the RSMU Football Club before the 1st game of the current season (round 1) to be covered by the policy.

SIGNED _____ DATED _____

**Please turn over.....

CURRENT HISTORY

Current Age
(as at Jan 1st)

Current Weight

Current Height

Blood Group

Do you object to
Blood Transfusions?

Current Medical Problem/s

Regular Medications (including supplements, stating name & dosage)

Allergies

Sports injuries or recurring joint pain (Please list any injury which is current, recurring or requires surgery)

MEDICAL CHECKLIST

Have you had ?

Epilepsy	Yes / No
Convulsions	Yes / No
Hepatitis A	Yes / No
Hepatitis B	Yes / No
Hepatitis C	Yes / No
Diabetes	Yes / No
Heart Problems	Yes / No
Heart Murmur	Yes / No
Asthma	Yes / No
Hernia	Yes / No
Concussion	Yes / No

PLEASE NOTE :

A Medical clearance is required to play after sustaining concussion

Do you wear ?

Glasses	Yes / No
Contact Lenses	
soft	Yes / No
hard	Yes / No
Mouthguard	
training	Yes / No
competition	Yes / No
Protective Equipment	Yes / No
(please specify)	
Tetanus	
Are you currently immunized ?	Yes / No
Date of last immunization	Year _____

Have you sustained ?

A fracture in last 3 years ? Yes / No

If so where ?

A dislocation ? Yes / No

If so where ?

A head,back,neck or spinal injury ? Yes / No

If so where ?

Details

Any other information that may be useful :