Junior Player Medical Profile - Personal Record

All information on this sheet is confidential.
Access to this sheet is limited to Doctor, Sports First Aider, Sports Trainer and Coach

MEDICAL HISTORY & AUTHORIZATION FORM

Surname ______ Given Names ______

Address ______

______ State ______ Postcode ______

Home Phone ______ Mobile ______ Medicare Number ______

Sex M ☐ F ☐ Date of Birth ___ / ___ / ___ Age ___ Years Height ___ Cms Weight ___ Kgs

Do you take any regular medication/s Yes ☐ No ☐
If yes, what/why?

Do you have any Allergies:-
Please list

Emergency Contact

Surname ______ Given Names ______

Address ______

Suburb/ City ______ State ______ Postcode ______

Home Phone ______ Mobile ______

Relationship ______ **Private Health Cover:** Yes / No **Health Cover Provider:**

Email:- ______ **Level of Cover:** **Membership No.**

Past History

Have you had...

Asthma/Bronchitis	Yes ☐	No ☐
Hepatitis A	Yes ☐	No ☐
Hepatitis B	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐
Heart Problems	Yes ☐	No ☐
Heart Murmur	Yes ☐	No ☐
Epilepsy	Yes ☐	No ☐
Hernia	Yes ☐	No ☐
Concussion	Yes ☐	No ☐

Have you ever been treated for a head, neck or spinal injury? Yes ☐ No ☐
Details:-

Do you wear ...

Glasses	Yes ☐	No ☐
Contact Lenses	Yes ☐	No ☐
Soft	Yes ☐	No ☐
Hard	Yes ☐	No ☐
Protective Equipment	Yes ☐	No ☐
Mouth Guard		
At training	Yes ☐	No ☐
At competition	Yes ☐	No ☐
Other	Yes ☐	No ☐

If yes, please specify

Have you sustained...

A fracture in last 3 years Yes ☐ No ☐
If yes, where?

A dislocation Yes ☐ No ☐
If yes, where?

Do you suffer from...

Recurring pain in any joint with play/practice? Yes ☐ No ☐
If yes, which joint?

Permission is granted for QRL to use action photos of the games which may include images of yourself / child at its discretion for promotional use of the QRL. Yes ☐ No ☐

The personal details requested are to enable contact to be made with the player's parents/ guardian in the event of an emergency and are strictly confidential.
I hereby authorize the obtaining on my behalf of such medical assistance as my child requires in the event of accident or illness
I authorize the administering of anaesthetic if the medical officer attending deems necessary.

Signed: ______________________ Date: ______________________

Privacy Statement: Our organization abides by the relevant National Privacy Principles of the *Privacy Act 1988*. The information on this form is to be retained by our organization that has arranged this sporting event / activity. The information is used for but not limited to providing medical assistance, injury surveillance information and possibly legal and insurance purposes. You can get more information about the way ou organization manages your personal information by contacting club officials. Please note you may gain access to your personal information in accordance with *Privacy Act 1988* and have it corrected, if required.
Medical Privacy Statement:
The medical information will only be used for the purpose of providing medical details to authorised staff such as team manager, First aid officer, Doctor or Ambulance officer. The information will not be used or disclosed for any other purpose and will be held securely. The information will be provided to staff on a need to know basis only and the privacy of the individual will be respected.

MEDICAL IN CONFIDENCE