



# Rivers Baptist Soccer Club Medical & Consent Form 2012

CONFIDENTIAL

Please assist us with providing the information so that we can carry out our responsibility of care for participants. Your co-operation is appreciated. One player per form.

## Player Details

Name : \_\_\_\_\_

M/F : \_\_\_\_\_ D.O.B. : \_\_\_\_\_

Phone No. : (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode : \_\_\_\_\_

Parent/Guardian Email : \_\_\_\_\_ (For official communication only)

School : \_\_\_\_\_ Grade: \_\_\_\_\_ (if applicable)

## Medical Information

Medicare Number: \_\_\_\_\_

Private Health Insurance membership details? (If applicable) \_\_\_\_\_

Will your child need to take any medication during the season? (Y/N) \_\_\_\_\_

    If yes, Please specify \_\_\_\_\_

Has your child been taken off medication recently? (Y/N) \_\_\_\_\_

    If yes, Please specify \_\_\_\_\_

Can your child be given paracetamol (Panadol) as a pain killer? \_\_\_\_\_

In what year was your child's last tetanus injection? \_\_\_\_\_

Has your child previously broken/fractured any bones? \_\_\_\_\_

    If yes, Please specify \_\_\_\_\_

Could you please indicate if your child has any of the listed conditions, give details where necessary.

- |                                   |   |  |
|-----------------------------------|---|--|
| Asthma <input type="checkbox"/>   | Fits/Convulsions <input type="checkbox"/> | Other Illness <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Allergy – Food <input type="checkbox"/>   |  |
| Epilepsy <input type="checkbox"/> | Allergy – Other <input type="checkbox"/>  |  |

**If you marked any of the above boxes, please provide further details below:**

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Are there any conditions which require special attention we should know about, e.g. hearing or sight impairment, ADD or ADHD, behavioural issues, formal counselling situations, or any other? Please list below.

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