



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

If yes, what/why?

Yes No

Do you have any Allergies:-

Please list

Emergency Contact

Surname Given Names

Address

Suburb/ City State Postcode

Home Phone Mobile

Relationship

Email:-

Private Health Cover: Yes / No	Health Cover Provider:
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 our 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