



This information is collected for the safety of all at Nichols Point SC and destroyed at the conclusion of each season. Rest assured it is treated with the utmost confidentiality and only those who need it will be provided with it (mainly coaches). Please complete ALL spaces; put a nil entry if required. Please complete a separate form for EVERY player. Return to your coach. Thank you!

Player's Full Name: _____

Player's Date of Birth: _____ (dd-mm-yyyy)

In the event of a serious injury or emergency please contact
_____ (ph) _____ or Mobile
_____. If they cannot be contacted, please try _____

(an emergency contact) on (ph) _____ or mobile _____

1. What is player's MEDICARE no.? #: _____

2. If applicable, what is player's HEALTH CARE CARD no.? #: _____

3. If applicable, what private health insurer is player with and what is your membership number?
Provider: _____ #: _____

4. Does player have ambulance cover (if covered by your private health fund please just write YES where it says Provider)?
Provider: _____ #: _____

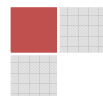
NPSC strongly recommends all players secure ambulance cover. Should it be assessed a player require an ambulance, it will be called without hesitation.

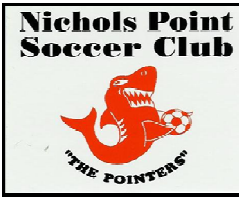
5. Does the player have a family doctor? Please supply an address and contact number.

Doctor: _____ Address: _____
Ph: _____

Please attach any current health management plans pertaining to the following questions

6. Does the player have any DRUG allergies (eg penicillin, pethidene, aspirin)? If you answer YES what drug/s are they allergic to and what kind of reaction is experienced? Please also note any recommended treatments.





7. Does the player have any FOOD allergies (eg peanuts, gluten)? If you answer YES what food/s are they allergic to and what kind of reaction is experienced? Please also note any recommended treatments.

8. Does the player have any OTHER allergies (eg bee stings, severe hay fever, ANAPHYLAXIS)? If you answer YES what are they allergic to and what kind of reaction is experienced? Please also note any recommended treatments (including a normal EpiPen storage location for training and match days if relevant)

9. Does the player have any EXISTING MEDICAL CONDITIONS that the Club should be informed of? Please refer here to conditions such as asthma, diabetes, epilepsy, heart conditions, hypertension, skin conditions, fits of any kind or recurrent migraines. Please also list any recent or chronic back, neck or head injuries, broken bones, muscle strains and/or sprains on any limb.

It is essential that asthma sufferers bring appropriate medication to EVERY training session and match and that the Coach and Team Manager know where it is.

10. In relation to anything mentioned in the previous answer, what treatment is best recommended?

Naturally if players take regular medication that is a private matter BUT if it is essential to their health it is advised that you inform the Coach in the unlikely event they are hospitalized.

11. Is there anything else that you feel the Coach should be aware of in relation to the player's fitness to participate in training and/or match play football with NPSC in 2011?

Consent to Medical Treatment for Junior Players
If I am unable to be contacted, I hereby give permission to the Coach/Team Manager/Club Management to seek treatment for my child/ward at a hospital, or to call a Doctor and/or Ambulance and/or Dentist during an emergency and agree to pay all relevant costs involved.

PARENT/CARER SIGNATURE: _____ DATE: __ / __ / 2011

