



REYNELLA FOOTBALL CLUB PLAYER MEDICAL FORM

PLAYER MEDICAL INFORMATION							
Last name:		First name:					
DOB:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Do you have ambulance cover? YES / NO	Do you have private Health cover? YES / NO <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Fund Name</th> <th style="width: 50%;">Member Number</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Fund Name	Member Number		
Fund Name	Member Number						
Home Address:							
Medicare Number:		Player Position Number on Medicare card:					
Does the player suffer from: <small>If yes, please provide details?</small> ASTHMA Yes <input type="checkbox"/> No <input type="checkbox"/> _____ DIABETES Yes <input type="checkbox"/> No <input type="checkbox"/> _____ EPILEPSY Yes <input type="checkbox"/> No <input type="checkbox"/> _____ HEART DISEASE Yes <input type="checkbox"/> No <input type="checkbox"/> _____ MIGRAINES Yes <input type="checkbox"/> No <input type="checkbox"/> _____ OTHER: _____ _____		Does the player have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____ Does the player have any injuries? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____ Does the player take any medications? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____ Does the player wear contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____					
EMERGENCY CONTACT							
Contact Name 1: Relationship to player: Best Contact Number:		Contact Name 2: Relationship to player: Best Contact Number:					
The above information is true to the best of my knowledge.							
Parent/Guardian Signature		Name of Signature					
Date:							

PRIVACY STATEMENT

Reynella Football Club abides by the relevant National Privacy Principles of the *Privacy Act 1988*. We are committed to protecting your privacy. Much of the information on this form is sensitive information. Sensitive information will not be used for direct marketing purposes. The information on this form is used for the purpose of providing us with the background as to your past and present medical details. The types of organizations to whom we usually disclose this information will be health care providers including our sports trainers and sports first aiders but may also be viewed by coaches, or officials. We may also have to disclose it to our professional advisers and insurer. If you do not provide us with any or all of the personal information that we request, then you may not be able to play sport in any of our teams. You can get more information about the way we manage your personal information or notify us of any change by contacting the Club Secretary.