



The medical advice card must be completed for all JRL players to assist and care for your children during the season in or providing as far as is humanly possible, a safe training and playing environment for your child. Please complete this form honestly. This card is not meant to be in anyway an invasion of the privacy of your child, nor will it be given to any other person unless you give permission to do so. The only people who will access to this card be your appointed Club FAO, Coach or any other person for the purpose of medical treatment.

Player	DOB	Address	Contact

Emergency Name Relationship	Doctor Name Contact	Medicare Card Number/Ref	Private Health Number	Consent to call Ambulance
				YES NO

Does your child suffer from?	Yes No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (list)		

Does your child experience any of the following signs or symptoms during training/playing?

Undue shortness of breath		
Chest pain		
Light headedness, dizziness, or episodes of fainting		
Become tired/fatigued easily		
Previous Injuries	When	Management
Fractures or Dislocations		
Neck or Back Injury		
Knee/Ankle Problems		
Any physical (muscular/joint) problems that limit physical activity?		
Any regular (or current) medication? Please supply details ie. reason and times etc.		
Any other Conditions	Yes No	

Has your child suffered a CONCUSSION in the last 3 years?	How many?	Treatment Management
YES NO		

I declare this to be a true statement of my child's health status. I will notify the Club FAO Coordinator of any problem that may occur during the season that is relevant to my child's health to play Rugby League. In the case of my child requiring medical treatment or in the case of a medical emergency, I consent for first aid or treatment to be administered where its impracticable to communicate with me and to arrange for my child to receive such medical treatment as may be deemed necessary.

As a parent/guardian I am aware of the inherent risks of my child participating in physical activity such as Rugby League: YES | NO

Signed: _____ (Parent/Guardian) Date: _____

Name: _____ (Parent/Guardian)

Checked By: _____ (Position in Club) Date: _____

Checked By: _____ (Medical Practitioner if necessary) Date: _____