

## Medical Advice Card

**Junior R.L. Player (Confidential)**

- Name: .....
- D.O.B: ..... Club: .....
- Address: ..... Telephone: .....
- Family Doctor: .....
- Name of person to contact in an emergency: .....
- Telephone No: ..... Relationship: .....
- I give permission to call an Ambulance in an emergency: YES/NO
- Medicare No. ....

Does your child suffer from:	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		
Do you experience any of the following signs and symptoms during training/playing?		
Undue shortness of breath		
Chest pain		
Light headedness, dizziness or episodes of fainting		
Become tired/fatigued easily		

- Any other condition the Club should be aware of: .....
- Any regular medication or current medication (please supply details ie. reason for medication; times; etc.) .....
- Any physical, ie. muscular/joint problems that may limit your child in physical activity: .....
- Has your child suffered concussion in the last three years (please supply details of treatment and outcomes)? .....
- Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES/NO
- I declare this to be a true statement of my child's health status as at the date below.
- I will inform the Club First Aid Officer of any problem that may occur during the season that is relevant to my child playing Rugby League.

Signed: ..... Parent/Guardian                      Date: .....

Checked by: .....

Position in Club: .....

Checked by ..... Medical Practitioner

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