



BURPENGARY JETS JUNIOR RLFC. JUNIOR PLAYER MEDICAL ADVICE CARD

*Must be handed into your Team Manager for them to scan and email to managers@burpengaryjets.com.au

WHAT AGE GROUP IS YOUR CHILD PLAYING THIS YEAR? _____ COACH: _____

PLAYER'S NAME: _____ D.O.B: ____/____/____

ADDRESS: _____

TELEPHONE: _____ MEDICARE #: _____

PRIVATE HEALTH FUND: _____ MEMBERSHIP # _____

FAMILY DOCTOR/MEDICAL CENTRE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____ RELATIONSHIP TO PLAYER: _____

I GIVE PERMISSION TO CALL AN AMBULANCE: **YES / NO**

Does the player suffer from?	Yes	No	Management
Diabetes			
Asthma			
Epilepsy			
Bronchitis			
Allergies (please list)			
During training/playing does the player experience?	Yes	No	Management
Undue shortness of breath/ Chest pain			
Become tired/fatigued easily			
Light headedness, dizziness or episodes of fainting			

Any other conditions that our Club should be aware of? _____

Any regular medication or current medication? (please supply details i.e. reason for medication/times etc)

Any physical problems (i.e. muscular/joint) that may limit the player in physical activity? _____

Has the player 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 the player's health status as at the date below.
- I will inform the Club, Coach and First Aid Officer of any problem that may occur during the season that is relevant to the player playing Rugby League.

Parent/Guardian Signature: _____ Date: ____/____/____

Additional Information: