

MEDICAL CONSENT FORM FOR ALL MEMBERS.



Name:	Date of Birth:	Club:	
Medicare Number:	Address registered for Medicare:		
Applicant's Medicare Reference Number:			
Private health cover:	YES	NO	Name of fund / Membership Number:
Ambulance cover:	YES	NO	Name of fund / Membership Number:
Emergency Contact: (Relationship to player).	Phone:	Mobile:	
1.			
2.			
3.			

This part of the form is to help the trainer / registrar in caring for the health of the player (contents will remain confidential).		
Are you taking ANY medication at present? (please list)	YES	NO
If YES, please attach details and any management plan for any condition (such as asthma, epilepsy, etc.)		
All medication must be clearly labelled with name of participant, type of medication and dosage. The trainer / registrar will supervise the administration of all medication.		
Is there any ongoing medical treatments and or further information the trainer / registrar should be made aware of?		
	Weight:	Height:
Date of you last tetanus immunisation:		
Date of you last hepatitis B immunisation:		

Do you suffer from any of the following? Asthma Diabetes Epilepsy Fainting Hay Fever Nose Bleeds Heart Condition Migraines	Do you have any severe allergies / anaphylaxis? Do you require an epipen?
	Do you have any disability or chronic illness or need any special health care? YES / NO YES, give details:
	Do you have any pre-existing injuries? YES / NO YES, give details:
	Do you wear contact lenses?

I hereby authorise the Joondalup Women's Football Club to obtain first aid, medical, ambulance, dental assistance or treatment, including any anesthetic or blood transfusion, for my daughter in the event of any illness or accident. **Note: All reasonable attempts to make contact with the nominated 'emergency contact' will be made. I consent to the release of the health information on this form to any person or persons who provide medical treatment and care to the player whilst she is participating in Joondalup Women's Football Club events.** I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the Joondalup Women's Football Club for any expenses incurred.

I have completed this form and to the best of my knowledge this information is correct and my daughter / myself are in good health.		
Signature:	(Parent or Guardian)	Date:

Player photo to be added here.