**Echuca Football / Netball Club**

**Confidential Player Medical Information 2022**

This information is intended to assist EFNC Medical Staff in case of any medical emergency with you / your child.

Name:

Date of Birth: ........................

Parent's/Guardian's Full Name:

Address:

Postcode:

Emergency Telephone:

After Hours: Business Hours:

Name and Address of Family Doctor:

Medicare No:

Medical/Hospital Insurance Fund: Contribution No:

Ambulance Cover in 2022 Football Season - Yes/No

Please tick if you / your child suffers any of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 allergies  🞏 anaphylaxis  🞏 asthma | 🞏 blood pressure  🞏 diabetes  🞏 eczema | 🞏 epilepsy  🞏 fainting  🞏 fits or blackouts | 🞏 hayfever  🞏 headaches  🞏 heart issue | 🞏 nose bleeds  🞏 reaction to drugs  🞏 sight/hearing problems  🞏 Other .……………..… |
|  |  |  |  |  |

**Concussion:** How many times have you / your child suffered a concussion? .........................................................

**Allergies to:**

Penicillin: Other drugs:

Any foods: Other:

What special care is recommended?

**Tablets and Medicines –** Are you / your child presently taking tablets and/or medicine? YES/NO

IF YES, please state name of medication, dosage etc

We require specific permission to administer medication for headaches or other pain. (e.g. Panadol)

I give permission for my child to be given Panadol at the trainer’s discretion and in accordance with the instructions on the package.

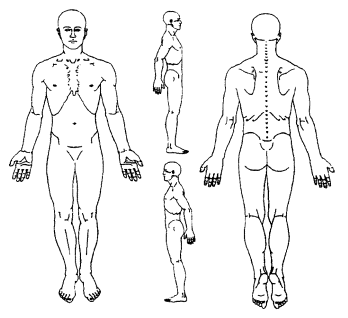
Signed: Date:

**Consent to Medical Attention**

In the event of injury or illness to me / my child, while involved in any activity under the control of the Echuca Football Netball Club, I authorise club officials to arrange emergency medical treatment, including Ambulance transfer to hospital, as is deemed necessary by Club Medical Staff . This authority is provided with the knowledge that I am liable to pay any costs incurred. E.g Ambulance costs if not a current Ambulance member

**Signature : .................................................................................................. Date:**

**(if Under 18, signature of Parent or guardian)** **....................................................................................................................................................**

[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwimvN6O2-PQAhXHm5QKHWZzDJAQjRwIBw&url=http://www.borismassage.com/ClientIntakeForm.htm&psig=AFQjCNFT1VWdwoFNrbiWvdR0JaHbaiCB7A&ust=14812560)