

**ALBURY WODONGA FOOTBALL
ASSOCIATION
REPRESENTATIVE TEAM MEDICAL
INFORMATION**



FOOTBALL ASSOCIATION

PLAYER'S NAME: _____

PARENT'S NAME: _____

TELEPHONE (HOME) _____ (WORK) _____
(MOBILE) _____

MEDICARE NUMBER: _____

MEDICAL/HOSPITAL FUND: _____ NUMBER _____

AMBULANCE COVER: YES _____ NO _____

FAMILY DOCTOR: _____ TELEPHONE: _____

ADDRESS: _____

Has HE/SHE had a full Tetanus Immunisation _____ When? _____

Are there any medical conditions or disabilities the player suffers from which may affect him/her when playing games or training? (Eg: Asthma Fits, Blackouts, Allergies)

YES _____ NO _____ if yes, please describe _____

Does the player take any ongoing Medication? YES _____ NO _____

If yes, please describe _____

IN CASE OF AN ACCIDENT, PLEASE

- | | | |
|---|--|--------|
| A | Contact parent if possible | YES/NO |
| B | Take player to family doctor if possible | YES/NO |
| C | Take player to nearest hospital | YES/NO |

I authorise the person in charge of the team to consent where it is impossible to communicate with me, to my child receiving such medical treatment as may be deemed necessary.

SIGNED _____ DATED ____ / ____ / ____