



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 Sports Trainer 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: