

# MEDICAL ADVICE CARD

## CANBERRA REGION RUGBY LEAGUE JUNIOR PLAYER (CONFIDENTIAL)

Name: ..... D.O.B. .... / .... / .....

Address: .....

Name of person to contact in an emergency: .....

Relationship: ..... Telephone (M): ..... Telephone (wk): .....

Name of adult to contact if above is unavailable: .....

Relationship: ..... Telephone (M): ..... Telephone (wk): .....

Family Doctor: ..... Telephone: .....

Medicare No: .....

Does your child suffer from:	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Allergies (Please list)		

Any other medical condition the Sports Trainer should be aware of:  
.....  
.....

Any previous injury (fracture, dislocation, sprain etc) that the Sports Trainer should be aware of:  
.....  
.....

Any regular medication (please supply details ie. reason for medication, times, etc): .....

Has your child suffered concussion in the last three years (please supply details of treatment and outcomes)?  
.....  
.....

I authorise an ambulance to be called in an emergency or if my child requires specialised transportation.

I will inform the **Team Sports Trainer** of any problem that may occur during the season that is relevant to my child playing Rugby League.

I am aware of the inherent risks of participating in physical activity such as Rugby league.

I will notify the **Team Sports Trainer** of any problem that may occur during the season that is relevant to my child playing Rugby League.

I declare this to be a true statement of my child's health status as at the date below.

Signed: ..... Parent/Guardian                      Date    /    /

CLUB USE    Team: .....