

**GOLDFIELDS JUNIOR FOOTBALL LEAGUE  
MEDICAL INFORMATION**

Please complete and hand to your coach/team manager by the advised date

**PLAYER DETAILS:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PLAYERS D.O.B:** \_\_\_\_\_ **GFL CLUB:** \_\_\_\_\_

**PARENTS/GUARDIAN DETAILS:**

**MUM:** \_\_\_\_\_ **CONTACT PH #:** \_\_\_\_\_

**DAD:** \_\_\_\_\_ **CONTACT PH #:** \_\_\_\_\_

**ADDRESS:** *if different to child's* \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_

**PRIVATE HEALTH** YES/ NO - IF YES, DETAILS **FUND:** \_\_\_\_\_

**AMBULANCE COVER:** YES/ NO - IF YES, DETAILS **FUND:** \_\_\_\_\_

<b>MEDICAL CONDITION</b>		<b>Further information, medication prescribed/used or special instructions for emergency action</b>
<b>EPILEPSY</b>	Yes/No	
<b>DIABETES</b>	Yes/No	
<b>FAINTING/DIZZY SPELLS</b>	Yes/No	
<b>HEART CONDITIONS</b>	Yes/No	
<b>EAR DISORDERS</b>	Yes/No	
<b>RESPIRATORY DISORDER</b>	Yes/No	
<b>If your child requires respiratory medication, e.g. Ventolin for asthma can they self-administer?</b>	Yes/No	
<b>Do they carry it in their football bag?</b>	Yes/No	
<b>Does your child suffer from any allergy or are they allergic to any medication</b>	Yes/No	
<b>Does Your Child suffer from any other disability, illness or is their any other relevant medical information?</b>	Yes/No	<b>Please detail, if necessary attach info sheet if space provided is insufficient.</b>

*I authorise the team management to obtain medical assistance deemed necessary and agree to pay all medical expenses incurred.*

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_