

**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:** _____

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

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

Parent Name: _____ **Parent Signature:** _____ **Date:** _____