



**Junior Rugby League Player Medical Advice Form
(Confidential)**

PLAYER FIRST NAME		SURNAME	
DATE OF BIRTH			
STREET ADDRESS			
SUBURB			
STATE		POSTCODE	
PHONE NUMBER			
EMAIL ADDRESS			
EMERGENCY CONTACT NAME			
RELATIONSHIP TO PLAYER			
EMERGENCY CONTACT NUMBER			
MEDICARE NUMBER		EXP DATE	
FAMILY DOCTOR NAME			
CONTACT NUMBER			

I give permission for MSJRLFC to call an Ambulance in an emergency: YES NO

PLAYER MEDICAL INFORMATION		
Does your child suffer from any of the following:		
CONDITION	YES/NO	MANAGEMENT
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Heart problems		
Allergies (please list)		



PLAYER MEDICAL INFORMATION (continued)		
Does your child experience any of the following during training or games:		
SYMPTOM	YES/NO	MANAGEMENT
Shortness of breath		
Chest pain		
Lightheadedness / dizziness		
Fainting episodes		
Easily tired or fatigued		
Muscle or joint pain / problems		

Does your child have any other condition MSJRLFC should be aware of: YES NO

If yes, please explain:

Does your child require any regular medication: YES NO

If yes, please explain:

Does your child have any other condition MSJRLFC should be aware of: YES NO

If yes, please explain:

Has your child sustained any concussion in the last three years: YES NO

If yes, please explain:

I acknowledge that the sport of Rugby League carries inherent risks: YES NO

I declare this to be a true statement of my child's health status as at the date below and I will inform MSJRLFC of any issue which may occur during the season that is relevant to my child continuing to play Rugby League.

Signed: (must be signed by a Parent/Guardian)

Name: (please print)

Date:

MSJRLFC USE ONLY

Checked by:

Position in Club:

Date: