



MORNINGTON JUNIOR FOOTBALL CLUB INC

Player Medical Profile – Personal Record

Contact in case of Emergency.

(1) Contacts Name: Relationship:

Home No: Mobile No:

(2) Contacts Name: Relationship:

Home No: Mobile No:

Healthcare Details.

Ambulance Member: Yes ☐ No ☐

Medicare Number:

Private Health Cover: Yes ☐ No ☐

Name of Fund:

Private Health Cover No:

Medical History.

Please indicate if the player currently or has suffered (within the last 2 years) any of the following:

Epilepsy Yes ☐ No ☐

Diabetes Yes ☐ No ☐

Asthma Yes ☐ No ☐

Heart Problems Yes ☐ No ☐

Concussion Yes ☐ No ☐

Head, neck or spinal injury Yes ☐ No ☐

Allergies Yes ☐ No ☐

Hepatitis B/C Yes ☐ No ☐

If yes, please provide additional information and details of management plan(s).

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Inoculations:

Hepatitis B Yes ☐ No ☐

Tetanus Yes ☐ No ☐

Other

Describe:

Do you wear:

Glasses Yes ☐ No ☐

Contact Lenses Yes ☐ No ☐

I _____, being the parent / guardian of _____

Give permission to the appropriate person(s) to administer medication if they consider it appropriate in accordance with the Asthma Victoria recommendation. I also acknowledge that this does not reduce my responsibility in ensuring that the above person has their own medication as per their Asthma Management Plan.

I also acknowledge that injuries may occur during sport and accept that risk. I understand that the information given here is of a confidential nature and only to be used in an emergency, however, I give permission for this information to be distributed to Club Trainers, Coaches, committee etc. when relevant. I also authorize the Club Officials to seek professional medical assistance and arrange transportation on my behalf when deemed necessary.

Signature:

Date: