



## MEDICAL ADVICE FORM

### Junior Player (confidential)

To the Parent/Guardian,

The introduction of a standard Medical Advice Form for all Junior Rugby League players is meant to assist those who coach and care for your children during the season in providing, as far as is humanly possible, a safe training and playing environment for your child. It is also meant to provide information to you, as a parent/guardian, about any injury or condition your child may have so that he/she can participate safely and enjoy the game of Rugby League.

This form is not meant to be in any way an invasion of the privacy of your child, nor will it be used or given to any other person unless you give permission to do so.

The only people who will have access to this form will be the appointed Rugby League First Aid Officer for your club, club doctor, your private doctor or the honorary club/league/group doctor.

The effectiveness of this form in providing the above will only work if you complete this form honestly and view such a form in a positive manner ....that is caring for those who matter most in the game of Rugby League....your child....the player.


Yours in Rugby League

.....  
Club First Aid Officer

.....  
Club President

Name			
D.O.B.		Club	
Address			
Family Doctor		Telephone	
Name of person to contact in an emergency			
Telephone		Relationship	
I give permission to call an ambulance in an emergency			YES / NO
Medicare No			
<b>Does your child suffer from</b>	<b>Yes / No</b>	<b>Management</b>	
Diabetes			
Asthma			
Epilepsy			
Bronchitis			
Allergies (please list)			
Do you experience any of the following signs and symptoms during training/playing?			
Undue shortness of breath			
Chest pain			
Light headedness, dizziness or episodes of fainting			
Become tired/fatigued easily			

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Any other condition the club should be aware of?		
Any regular medication or current medication (please supply details i.e. reason for medication, times etc.)?		
Any physical, i.e. muscular/joint problems that may limit your child in physical activity?		
Has your child suffered concussion in the last three years (please supply details of treatment and outcomes)?		
Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES / NO		
I declare this to be a true statement of my child's health status as at the date below.		
I will notify the Club First Aid Officer of any problem that may occur during the season that is relevant to my child playing Rugby League		
Signed:	Parent/Guardian	Date:
Checked by:	Position in Club:	
Checked by:	Medical Practitioner:	

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