Health Profile and Medical Consent

Players Name (First and last names):

Parents / Caregivers details

Parent / Caregiver 1

Name (first name / last name):

Relationship to child: _____

Home phone number: _____Mobile number: _____

Parent / Caregiver 2

Name (first name / last name):

Relationship to child: _____

Home phone number: _____Mobile number: _____

Emergency contact (in case the first 2 are unavailable)

Name (first name / last name):

Relationship to child: _____

Home phone number: _____Mobile number: _____

Players Name: _____ Medic Alert Number: _____ (if applicable)

1. Please tick if your child has any of the following:

Migraine	☐	Epilepsy	☐	Asthma	☐		
Diabetes	☐	Travel sickness	☐	Fits of any type	☐		
Chronic nose bleeds	☐	Heart condition	☐	Dizzy spells	☐		
Colour blindness	☐	Other (Please specify)	_____				
ADHD	☐						

For overnight events

Sleepwalking ☐ Bedwetting ☐

2. Is your child currently taking medication? Yes ☐ No ☐

If YES, please state: Health condition/s: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other Treatment: _____

3. Is a health plan required? Yes ☐ No ☐

Has your child had any major injuries (breaks or strains or **concussion**) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

Yes ☐ No ☐

If YES, please state the injury/illness:

_____

_____

_____

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4. Is your child allergic to any of the following?

	Yes	No	Please specify
Prescription medication	☐	☐	_____
Food	☐	☐	_____
Insect bites/stings	☐	☐	_____
Other allergies	☐	☐	_____

What treatment is required? _____

5. When was your child's last tetanus injection? _____

6. Outline any dietary requirements:

_____

_____

7. What pain/flu medication may your child be given if necessary? Eg Panadol etc

8. To the best of your knowledge. Has your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes ☐ No ☐

If YES, please give brief details

9. Is there any information the team management should know to ensure the physical and emotional safety of your child? (For example allergies; cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes ☐ No ☐

If YES, please state or attach the information.

Tick

☐ I agree that if prescribed medication needs to be administered, I will ensure that prescribed medication is clearly labelled with instructions on it's administration and securely fastened.

☐ I will inform the team management as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

☐ Any medical costs not covered by ACC or a community service card will be paid by me.

☐ If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

To be read and signed by parent/caregiver of child participant.

Signature: _____

Name: _____ Date: _____