



## EKFC - Athlete Medical Profile - Personal Record

All information on this sheet is confidential. Access to this sheet is limited to Head Trainer,  
Sports First Aider, and Coaches/President.

### Player Personal Details

Full Name:	D.O.B:
Phone: Home: Mobile:	Age Group: (Please Tick) : AusKick U8's U10's U12's U14's U16's
Address:	
Suburb:	Post Code:

### Emergency contact details –Parent/Legal Guardian

Full Name:	Relationship to Player:
Home phone:	Mobile phone:

### Health Care Details

Medicare Number:	Ambulance subscriber? Yes <input type="checkbox"/> No <input type="checkbox"/>
Private Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ambulance Number:
Private Health Provider:	GP Phone Number:
GP Address:	

### Medical history

Current Medical Conditions: (i.e. Asthma, Eczema etc.)
Regular Medications: please include names, dosage and regulation: i.e. Ventolin 2 puffs every 3 hours, etc.
Sports injuries- Has your child sustained: A break /fracture within the last 5 years? Specify location/and healing period: _____
A Dislocation within the last 5 years: specify location: _____



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### Medical history-continued

Has your child ever suffered with:	Yes	No
Epilepsy:		
Diabetes:		
Heart Murmur:		
Heart Conditions:		
Asthma:		
Concussion:		
Hernia:		
Kidney/Liver problems:		
Allergies:		
<b>Please specify allergies and treatment required:</b>		

**Please specify any other medical/relevant conditions that your child has, which have not been mentioned in this form.**

(If you prefer not to disclose any private conditions, please speak to your child's coach, first aid trainer or the club's head trainer (all information given will remain strictly confidential unless your child is in immediate danger).

**Include thorough details:**

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**Strapping of Players:** the club will not be responsible for the strapping of any players in junior divisions from all age groups up to and including U16's. If a player in these age groups requires strapping on their body in order to play, it is the responsibility of the parents to ensure the strapping is done by a qualified person prior to arriving at the ground.

### Parent Declaration

**To the best of my knowledge, all information provided on this sheet is correct.**

By signing this declaration, I am giving my full consent and permission to the **East Keilor Football Club** and their qualified trainers (and Coaches if required) to take the appropriate measures in caring for my son/daughter in any medical emergency before, during or after training and/or game day competitions under the conditions that I am notified immediately during/after treatment and care of my child. I understand that expenses such as ambulance transfers, doctor's appointments, private health insurance, surgeries and any other needs relating to an emergency will not be covered by the East Keilor Football Club.

<b>Parent/Guardian Signature:</b>		<b>Date:</b>
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