



SOUTH ADELAIDE PANTHERS PARTICIPANT / PLAYER MEDICAL PROFILE - PERSONAL RECORD

All information on this sheet is confidential. Access to this sheet is limited to medical staff, manager and coach. This information will be treated in accordance with the club privacy policy. See Privacy Statement below.

Personal Details										
Surname					Given Names					
Address										
Suburb							Postcode			
Home Ph				Work Ph			Mobile Ph			
Sex	M		F		Date of Birth				Age	

Emergency Contact										
Surname					Given Names					
Relationship to Player										
Address										
Suburb							Postcode			
Home Ph				Work Ph			Mobile Ph			

Health Care Details									
Medicare Number									
Private Health	Yes		No		Fund Name			Member No	
Do you have Ambulance cover		Yes		No					
Private Doctor						Telephone			
Address									
Private Dentist						Telephone			
Address									

Certain medical conditions or previous injuries may influence your ability to participate in sport. Examples of these include but are in no way limited to:

- Asthma
- Epilepsy
- Arthritis
- Diabetes
- Spinal Injuries
- Previous Injuries

If you have any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your doctor prior to participating in sport. Please attach an Emergency Medical Plan if applicable.

Do you have any conditions that you, in consultation with your doctor, consider appropriate to notify the club / organisation of? E.g. previous injuries, medical conditions or allergies.

If so, please list here

Continued overleaf

To the best of my knowledge, all information contained on this sheet is correct.
If under 18 please have parent or legal guardian sign

Signature

Date

First Aid Consent

I, authorise the administration of first aid to my child in the event of an emergency situation. This may include the administration of medication (i.e. Ventolin or antihistamines) specific ONLY if a parent/caregiver is not available/contactable.

I also authorise the coach/trainer to obtain medical assistance (including ambulance transportation), which is deemed necessary and agree to pay all medical expenses that are incurred.

Parent/Guardian Signature Date

Print Name

PRIVACY STATEMENT

South Adelaide Panthers abides by the relevant National Privacy Principles of the *Privacy Act 1988*. We are committed to protecting your privacy. Much of the information on this form is sensitive information. Sensitive information will not be used for direct marketing purposes. The information on this form is used for the purpose of providing us with the background as to your past and present medical details. The types of organizations to whom we usually disclose this information will be health care providers including our sports trainers and sports first aiders but may also be viewed by coaches, directors and officials. We may also have to disclose it to our professional advisers and insurer. If you do not provide us with any or all of the personal information that we request, then you may not be able to play sport in any of our teams.