



## 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.