MARGARET RIVER BASKETBALL ASSOCIATION
ABN 52 766 463 871

MEDICAL FORM

Name: ..... Date of Birth: .....

Address: .....

----------Post Code: .....

Contact phone number(s): .....

Email: .....

Emergency Contact Details:

Name: ..... Relationship: .....

Contact phone number(s): .....

Health Care Details:

Medicare Number: ..... Expiry: .....

Private Health Fund: ☐ Yes ☐ No Fund: .....

Family Doctor: .....Phone: .....

Please indicate if you have any of the following:

Current Medical Issues: ☐ Yes ☐ No

If 'Yes', please provide details: .....

Allergies: ☐ Yes ☐ No

If 'Yes', please provide details: .....

Regular Medication: ☐ Yes ☐ No

If 'Yes', please provide details: .....

Who will administer the medication (discuss with team manager)? .....

Current or recurring injuries: ☐ Yes ☐ No

If 'Yes', please provide details: .....

Past History:

Have you had any of these conditions:

	Yes	No		Yes	No
Epilepsy	☐	☐	Heart Problems	☐	☐
Hepatitis A	☐	☐	Heart Murmur	☐	☐
Hepatitis B	☐	☐	Asthma	☐	☐
Hepatitis C	☐	☐	Bronchitis	☐	☐
Diabetes	☐	☐	Hernia	☐	☐
Concussion	☐	☐	If yes, how many times? ..... How long ago?.....		
Glandular Fever	☐	☐	If yes, how long ago?		

Do you carry your own inhaler? ☐ Yes ☐ No

Do you suffer from any other health issues? ☐ Yes ☐ No

If 'Yes', please provide details: .....

Have you suffered a fracture in the past three years? ☐ Yes ☐ No

If 'Yes', please provide details: .....

Have you dislocated any part of your body in the past three years? ☐ Yes ☐ No

If 'Yes', please provide details: .....

FOR PARENTS ONLY:

Coaching staff will seek medical attention for your child if necessary, including calling of emergency services. It is strongly recommended that you have current St John Country Ambulance Cover, unless you are covered by your private health cover.

Can team officials administer to your daughter/son pain medication such as Panadol or Nurofen should it be required? ☐ Yes ☐ No

Name: .....

Signature: .....

To the best of my knowledge, all the information supplied above is true and correct.
(if under 18, parent signature is required)

Signature: ..... Date: .....