



*Player Details (Please print in blue/black biro)*

<b>OPERATIONS</b>		<b>Medication, Details of special instructions</b>	<b>Specific Emergency Action</b>
ANY OPERATIONS IN THE PAST 2 YEARS	YES/NO <i>(If yes, please provide information)</i>		
<b>ANY OTHER RELEVANT INFORMATION</b>	YES/NO		
HAS THE PLAYER HAD ANY MUSCLE/TENDON INJURIES WHICH MAY POSSIBLY RECUR? YES/NO If Yes, Please Detail:			
HAS THE PLAYER EVER BEEN ADVISED BY A MEDICAL PRACTITIONER NOT TO PLAY CONTACT SPORT, SUCH AS FOOTBALL? YES/NO. If Yes Please Detail:			

**HEALTH CARE INFORMATION:**

Medicare Number: ...../.....  
YES/NO

*(Include the Number next to player's name on the card)*

Ambulance Cover

*(Circle applicable response)*

Private Health Cover Fund: ..... Membership Details: .....  
*(Write 'N/A' if Not applicable)*

General Practitioner Name/Name of Clinic: .....

Address: ..... Phone Number: .....

**TELEPHONE NUMBERS FOR EMERGENCY CONTACT (Please supply an alternative)**

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

Home Phone: ..... Mobile: ..... Business: .....

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

Home Phone: ..... Mobile: ..... Business: .....

**SAFETY EQUIPMENT (PLAYER SUPPLIED)**

All Players Must wear a mouthguard when playing with the Metro South Junior Football League.

**PLAYER DECLARATION**

I/We declare the above statements to be true and correct. Signed: .....  
*(Player/Parent/Guardian)*

*If I/We or the nominated emergency contact(s) cannot be contacted in the event of an emergency, I/We give consent to my/our child being cared for by Medical Practitioners and Hospital staff nominated by the Club.*

Signed: .....  
*(Player/Parent/Guardian)*

Date: ...../...../.....