



2022 QFNC Medical History Form

- Confidential information for first aiders, trainers, coaches and team managers only.
- This form must be signed by the player or by a parent or guardian for players under 18 years of age at the start of the season

<u>Player Details</u>		
Name		
Football / Netball	Date of Birth:	Junior Age Group
<u>Medical</u>		
Please list any medical conditions and/or previous injuries (last 2 years) e.g. sprains, strains, tears, brakes, surgeries, Musculo- skeletal, asthma, diabetes, epilepsy, heart murmurs, mental health concerns etc. Provide a copy of any current management plans e.g. asthma.		
List any medications required for medical conditions above, at home, training and/or on game days. Medication must be clearly labelled with the player's name, dosage and instructions for administration.		
Allergies – provide details and relevant health management plans, including medication.		
<u>Emergency Contact</u>		
Full Name	Relationship	
Mobile:	Other:	
<u>Health Care Details</u>		
Doctor's Name	Ph: (if known)	
Ambulance subscription	YES / NO	



2022 QFNC Medical History Form

- When a parent or guardian is unable to be contacted or a player is unable to give instruction of medical care, I hereby authorise the first aider of the activity to give first aid treatment considered reasonably necessary in the event of an illness or accident. I accept all risks involved in the administration of medical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.
- I give permission for my medical and/or treatment history to be released to another health or medical personnel in the event further services are required. I give permission for QFNC to obtain and release information related to any medical condition or injury as it pertains to my ability to train and/or play football /netball.
- To the best of my knowledge all information contained on this sheet is true and correct.

Signed: Player (or parent guardian if under 18)

Date: _____