

PARTICIPANT / PLAYER MEDICAL PROFILE - PERSONAL RECORD

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

Personal Details

Surname _____ Given Names _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Sex M F Date of Birth _____ Age _____

Emergency Contact

Surname _____ Given Names _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Relationship to above _____

Health Care Details

Medicare Number _____ Private Health Insurance Yes No Fund _____

Do you have Ambulance cover Yes No

Private Doctor _____ Telephone _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

Private Dentist _____ Phone _____

Address Number _____ Street/Road _____

Suburb _____ Postcode _____

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
- Diabetes
- Epilepsy
- Spinal Injuries
- Arthritis
- 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.

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

If so, please list here

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**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

PRIVACY STATEMENT

(Insert organisation) 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. You can get more information about the way we manage your personal information by writing to (Name and address). Please contact us on (Address and facsimile number) if you would like to access or correct the information that we hold about you.

DISCLAIMER

"The information contained in this resource is in the nature of general comment only, and neither purports, nor is intended, to be advice on a particular matter. No reader should act on the basis of anything contained in this resource without seeking independent professional advice from appropriate persons. No responsibility or liability whatsoever can be accepted by SA Sports Medicine Association, the Government of South Australia or the authors for any loss, damage or injury that may arise from any person acting on any statement or information contained in this resource and all such liabilities are expressly disclaimed."