

# Blackfriars Old Scholars Football Club



## Medical Information Form

**This 2 page form is compulsory and must be completed each year**

This information on this form is for use by the Blackfriars Old Scholars Football Club for player treatment in the event of an emergency and may be provided to Paramedical and Hospital staff. It will not be provided to any organisation unless the Club is legally required to do so. This form is compulsory.

Full Birth Name of Player: ..... Date of Birth: ...../...../.....  
(Surname) (First Name)

Home Address of Player: .....

Phone Contact Details: (Home).....(Mobile Phone).....

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

MEDICAL CONDITION (attach additional medical information/plans to this form if required)		Medication, Details of special instructions	Specific Emergency Action
EPILEPSY	YES/NO		
PERIODIC LOSS OF CONSCIOUSNESS (inc. simple faints)	YES/NO		
HEART CONDITION	YES/NO		
EAR DISORDER	YES/NO		
HEADACHES	YES/NO		
RESPIRATORY DISORDER (eg asthma or other breathing difficulties incl. Hyperventilation)	YES/NO		
GLASSES/CONTACT LENSES	YES/NO		
ALLERGIES (drugs, insect bites, food)	YES/NO		
DIABETES	YES/NO		
COMMUNICABLE BLOOD BORN DISEASE	YES/NO		

### ***FAMILY HISTORY***

HEART DISEASE	YES/NO		
DEATH AT AN EARLY AGE (of parent or sibling)	YES/NO		
PREVIOUS HEAD INJURIES	YES/NO (If <u>yes</u> , are you required to wear a helmet for Sport?)		

### ***IMMUNISATION***

TETNUS	YES/NO		
HEPATITUS B	YES/NO		

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

OPERATIONS		Medication, Details of special instructions	Specific Emergency Action
ANY OPERATIONS IN THE PAST 2 YEARS	YES/NO (If yes, please provide information)		
ANY OTHER RELEVANT INFORMATION	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

Ambulance Cover

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

(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 are required to wear a mouthguard.

**PLAYER DECLARATION**

I declare the above statements to be true and correct.

Signed: .....

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

Signed: .....

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