



**NEWTON JAGUARS NETBALL CLUB PLAYER MEDICAL INFORMATION**

(The information below is confidential and will only be used in an emergency by personnel concerned)

**SURNAME:** \_\_\_\_\_  
**FIRST NAME** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **STATE** \_\_\_\_\_ **POST CODE** \_\_\_\_\_  
**HOME PHONE NO:** \_\_\_\_\_ **MOBILE NO:** \_\_\_\_\_

(Alternative contact during games/training)  
**NAME** \_\_\_\_\_  
**RELATIONSHIP TO PLAYER** \_\_\_\_\_  
**PHONE NUMBER/S** \_\_\_\_\_

**PLAYERS MEDICARE NO:** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**MEDICAL INFORMATION PLEASE CIRCLE**

Are you currently receiving medical treatment of any type? Yes / No  
Do you suffer from a recurring medical condition? Yes / No  
Epilepsy Yes / No  
Fainting/Dizzy spells or other sudden loss of consciousness Yes / No  
Heart Condition Yes / No  
Diabetes Yes / No  
Asthma Yes / No  
Allergies to Drugs, Medicine, Bites or Stings Yes / No  
Other ( please name) \_\_\_\_\_ Yes / No

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE GIVE DETAILS:**

**ANY OTHER RELEVANT INFORMATION:** - \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY:**

I/We authorize the coach and or team officials to obtain medical assistance, which is deemed necessary, and agree to pay all medical expenses incurred.  
I / We agree that we will not hold Newton Jaguars Netball Club liable for any injury sustained.  
I /We give our consent to ambulance transportation or private care transportation if required Yes / No  
**PLAYER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PARENT/ GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(If player is under 18 years of age)