



Charters Towers 'Bulls' Rugby Union Medical Form 2020

Player Details

Full Legal Name of Player	
Date of Birth	
School	
Home Address	
Player's Email Address	
Player's Mobile Number	

Medical Details

Medicare Number and Expiry	Private Health Insurance Number and Expiry	Health Care or Concession Card Number and Expiry
Number: _____ Expiry: ____/____/____	Number: _____ Expiry: ____/____/____	Number: _____ Expiry: ____/____/____
Current medications we should be aware of		
Drug Allergies, worst reaction and treatment	Other allergies, worst reaction and treatment	

Illnesses and Treatment - does your child suffer from?

<input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Migraines or frequent headaches <input type="checkbox"/> History of fainting, dizziness, fatiguing easily <input type="checkbox"/> Other
Please provide any relevant details of which we should be aware

Concussions and Head Injuries

Has your child previously suffered a head injury or concussion? Please give approx. dates and pertinent details	Was Rugby Union Concussion management put in place?	If no - Please outline other treatment, outcomes and precautions
	Y / N / NA	

Other Injuries

List previous relevant injuries E.g. Fractures, dislocations, repetitive sprains or strains	Approx. When	Precautions needed or restrictions imposed

Parent/Guardian Details

Alternate Emergency Contact

Name		Name	
Address		Mobile	
Mobile Number		Relationship to player	
Home Phone			
Email Address			
Relationship to player			

Parent/Guardian/Caregivers Consent

I, give consent for first aid and emergency medical treatment to be commenced for the above named player in the event of an injury or accident.

Signature Date