



ROUSE HILL RHINOS JUNIOR RUGBY LEAGUE CLUB INC

2010 MEDICAL ALERT FORM

This form has been provided for parents to advise coaches and club officials if there are any medical conditions that should be brought to our attention. **This information will be kept confidential.**

Please PRINT clearly.

This form is for player: **Surname** _____ **Given names** _____

Name that they are known by (i.e. nickname, Australian name) _____

Date of birth _____/_____/_____

Childs Home address: _____

1. Does your child suffer from any medical conditions?

Yes No (please go to 4)

If yes, please provide medical name of condition _____

2. What are the symptoms associated with this condition? _____

3. What should the coach / official do if the condition presents itself during game/practice?

4. What emergency numbers should the coach/official contact? Home # _____

Mothers Name _____ Mother's work/mobile _____

Father's Name _____ Father's work/mobile _____

Doctor's name _____ Doctor's contact number(s) _____

5. Please list any medication your child is taking. _____

6. Does the child have any medical alert notification on them?

No Yes If yes, where? _____

7. Please list any other medical conditions that your child may suffer from.

8. Any known allergies that might be relevant (I.E. latex – gloves, ice packs, medications).

Signed by Parent (s) _____

Date _____/_____/_____ _____/_____/_____