Softball SA Inc.

MEDICAL & PREVIOUS INJURY NOTIFICATION FORM

Personal Details:				
Surname:			Given Names:	
Address:				
				P/Code:……..
Contacts:	(phone – home)		(phone – work)	
	(mobile)		Email:	
	(parent – work)		(parent – mobile)	
Date of Birth:			Age in Years:	
Height:			Weight:	
Blood Group:				

Emergency Contact:				
Surname:			Given Name:	
Contacts:	(phone – home)		(phone – work)	
	(mobile)		Relationship:	

Health Care Details:					
Medicare No.			Private Health Fund:		
			Priv.Health Fund No.		
Private Doctor:					
Address:				P/Code:……..	
Contacts:	(phone)		(mobile)		
	(mobile)		Can doctor be contacted at all times?	Yes ☐	No ☐
Private Dentist:					
Address:				P/Code:……..	
Contacts:	(phone)		(mobile)		
	(mobile)		Can dentist be contacted in an emergency	Yes ☐	No ☐

Medical History: Do you have/have you experienced any of the following conditions -			
Glandular Fever ☐	Epilepsy ☐	Hepatitis A ☐	Hepatitis B ☐
Heart Problems ☐	Diabetes ☐	Heart Murmur ☐	Asthma ☐
Bronchitis ☐	Concussion ☐	Migraine ☐	
Current Medical Problems: (please list) >			
Current Medication (incl. supplements): (include dosage) >	1.	2.	
	3.	4.	
Known Allergies: >			
Vaccinations:	Hepatitis: Yes ☐ No ☐	Tetanus: Yes ☐ No ☐	
	If so, when	If so, when	

Do you wear?			
Mouthguard ☐ >	At Training ☐	At Competition ☐	
Contact Lens ☐ >	Soft Lens ☐	Hard Lens ☐	
Orthotics ☐	Special Protective Equip. ☐	Glasses ☐	

Have you sustained any of the following in the last 3 years:		
Fracture ☐ >	Where ☐	When ☐
Broken Bone ☐ >	Where ☐	When ☐
Dislocation ☐ >	Where ☐	When ☐
Major Injury ☐ >	Where ☐	When ☐

Do you suffer from recurring pain in any joint with play/practice?		Yes ☐	No ☐
If yes >	Where:		
Do you suffer from back/neck pain?		Yes ☐	No ☐
Have you ever been treated for a head, neck or spinal injury?		Yes ☐	No ☐
If yes please provide details >			
Does this condition affect your performance?		Yes ☐	No ☐
If yes please provide details >			
Do you have any injury which is current, recurring or requires strapping or surgery?		Yes ☐	No ☐
If yes please provide details >			

I, (parent if under 18)…… hereby give permission for the Manager, or designated representative, to seek medical aid in the event of an accident, injury or illness to the above team member.

General medical aid, including transport, will be at the discretion of the Manager, or designated representative.

In addition,
Specific permission, on appropriate medical advice, is given for the following:

- Traumatic injury requiring surgery Yes ☐ No ☐
- General Anaesthesia Yes ☐ No ☐
- Blood Transfusion Yes ☐ No ☐

Parents/guardians will be contacted, if possible, prior to any medical attention being given.

To the best of my knowledge, all information contained on these sheets is correct.	
Signature:……	Date:……
Parent (If U.18):……	