



Ainslie Football Club

Medical Information and Consent Form



This form is intended to be used to assist Ainslie Football Club appointed First Aid staff in the case of any medical treatment or medical emergency involving Ainslie registered players during games/training.

We wish to provide the best level of care to all our players when dealing with first aid or other medical treatments. To do this we need your assistance to provide our First Aid responders with all pertinent information to help them help our players/your children.

The information contained in this form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998* (Cwth). Parents note that in the absence of a specific plan standard first aid will be administered.

Player's Surname/Family Name: _____ Given/preferred name: _____

Date of Birth: ____/____/____

Sex: ☐ MALE ☐ FEMALE

Ainslie Football Team: _____

Parent/Carer: _____

Address: _____

Contact Telephone Number/s: _____

Other Contact for Emergency: _____ Contact Number: _____

Medicare No: _____ Private Health Fund: _____ Number: _____

Ambulance Fund: (**Note:** Parents are responsible for Ambulance costs outside the ACT) _____

Please tick if your child suffers any of the following conditions:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Anaphylaxis* | <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Sun screen sensitivity |
| <input type="checkbox"/> Epilepsy* | <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Other: _____ | | |

Describe what happens for any of the conditions ticked above: _____

If you have ticked any boxes above marked with * - does your child require a specific first aid treatment (that is there is a specific action plan for the treatment of the condition)?

If Yes, please provide a copy of the First Aid Plan with this form. In the absence of a specific first aid plan for Anaphylaxis*, Asthma*, Diabetes* of Epilepsy*, standard first aid treatment will be given in an emergency.

Is the registered player presently taking any medication? ☐ Yes ☐ No

If Yes, please state name of medication and dosage: _____

(This information may be passed onto Ambulance staff in the event of an Emergency)

Are you aware of any physical or psychological limitations of your child? Please give details as required:

Is there any other information that may assist us when providing first aid to your child?

Consent to medical attention. In the case of my child requiring first aid treatment or in the case of a medical emergency, I/We consent to the appointed First Aid staff providing first aid treatment as needed/outlined in a specific First Aid Plan. I/We also undertake to pay any costs which may be incurred for the medical treatment or ambulance transport.

Signed Parent/Carer: _____ Date: ____/____/____

Signed Parent/Carer: _____ Date: ____/____/____

This form is intended to be used to assist First Aid staff in the case of any medical treatment required. An Ambulance will be called if the child's medical condition requires emergency medical assistance.