



2 February 2017

Norths Juniors Rugby League Club
PO Box 94
Nundah Qld 4012

Dear Parent / Caregiver

Re: 2017 Season

The standard Medical Advice Card for all Junior Rugby League players is designed to assist the Coach and sports trainers to care for your children during the season in providing as far as is humanly possible, a safe training and playing environment for your child. It is also a means for you to provide information about any injury or condition your child may have so that he/she can participate safely and fully enjoy the game of Rugby League.

This Card is not meant in any way to be an invasion of the privacy of you or your child, nor will it be given to any other person unless you give permission to do so.

The only people who will access to this card will be the appointed Coach, Rugby League Sports Trainer for your Club, Club doctor, your private doctor or the Honorary Club/Group Doctor.

The effectiveness of this card in providing the above will only work if you complete this card honestly and view such a card in a positive manner. Please note though, that it is a mandatory requirement of the NRL that this card is completed for your child prior to them commencing training and or participating in a sanctioned match on game day.

You may be asked to have a medical evaluation before your child plays, but this is not common. If you are asked to have a medical evaluation, please view this as part of the process that we follow to enable us to care for your child. The basic aim of this card is to provide information about your child's health, enabling us to provide the best possible care for those who matter most in the game of Rugby League your child the player.

I hope you have a successful and enjoyable season.

Yours in Rugby League,

Michael McGuinness

**Norths Juniors Rugby League
Sports Trainer Coordinator
Level 3 Sports Trainer**

Peter Fraser

**Norths Juniors Rugby League
Club President**



Medical Advice Card

Junior R.L. Player (Confidential)

Name:

D.O.B: Club: Norths Juniors Rugby League Football Club

Address: Telephone:

• Family Doctor: Telephone:

Emergency Contact Person:

• Telephone No: Relationship:

I give permission to call an Ambulance in an emergency: YES / NO (Please Circle)

In the event of an injury or emergency, I give consent to the Club Sports Trainer to provide initial treatment/ management of the injury/emergency as appropriate: YES / NO (Please Circle)

Medicare No: Private Health Cover:

Does your child suffer from:	Yes / No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list all)		

Does your child experience any of the following signs and/or symptoms during training / playing?		
Undue shortness of breath		
Chest pain		
Light headedness, dizziness or fainting		
Become tired / fatigued easily		

Previous Injuries	When	Treatment
Fracture		
Dislocation		
Neck Injury		
Back Injury		
Ankle Sprain		
Knee Problems		

Any other condition/s the Club should be aware of:

Any medications (please supply details i.e. reason for medication; times; if child can self-administer; etc.):

Any physical, ie. Muscular / Joint problems that may limit your child in physical activity:

Has your child suffered concussion in the last three years? YES / NO If Yes, how many times?

• Please supply dates, treatments and outcomes:

Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES / NO

I declare this to be a true statement of my child's health status as at the date below.

I will inform the Club Sports Trainer Coordinator of any problem or change that may occur during the season that is relevant to my child's health status and playing Rugby League.

Signed: Parent / Caregiver Date:

Checked by: Position in Club:

Checked by Medical Practitioner*

*if further clarification for the treatment of a condition is required.