



QLD PNG Rugby League Club  
 Address: c/- Bill Norris Oval  
 Beenleigh Qld

Date: .....

Dear Parent  
 Address.....  
 .....

Dear .....

The introduction of a standard Medical Advice Card for all Junior Rugby League players is meant to assist those who Coach and 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 meant to provide information to you, as a parent, information about any injury or condition your child may have so that he/she can participate safely and enjoy the game of Rugby League.

This Card is not meant to be in any way an invasion of the privacy of 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 Rugby League First Officer 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 .... that is caring for those who matter most in the game of Rugby League .... your child .... the player.

Yours in Rugby League,

.....

**Club First Aid Officer**

.....

**Club President**



## Medical Advice Card

### Junior R.L. player (Confidential)

- Name: .....
- D.O.B: ..... Club: .....
- Address: ..... Telephone:.....
- Family Doctor: .....
- Name of person to contact in an emergency: .....
- Telephone No: ..... Relationship: .....
- I give permission to call an Ambulance in an emergency: YES/NO
- Medicare No. ....

Does your child suffer from:	Yes/No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		
Do you experience any of the following signs and symptoms during training/playing?		
Undue shortness of breath		
Chest pain		
Light headedness, dizziness or episodes of fainting		
Become tired/fatigued easily		

- Any other condition the Club should be aware of: .....
- Any regular medication or current medication (please supply details ie. reason for medication; times; 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 (please supply details of treatment 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 First Aid Officer of any problem that may occur during the season that is relevant to my child playing Rugby League.

Signed: ..... Parent/Guardian                      Date: .....

Checked by: .....

Position in Club: .....

Checked by ..... Medical Practitioner