



Athlete Medical Form

2019 NSW Junior State Squad

Athlete Name: _____

Parent Name: _____

The information provided on this form is obtained for the purpose of ascertaining relevant medical information, requirements and other health care needs about your child who is practicing in the NSW Junior State Squad Training Program in preparation for the 2019 National Titles.

It will be used by coaches to assist planning, to support athletes, and to minimise risks when conducting the training program.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with Judo NSW or are otherwise involved in the planning or delivery of the NSW Junior State Squad Training Program; and persons who may be called upon to provide health care treatment or other assistance during or as a consequence of the NSW Junior State Squad Training Program.

Provision of this information is not required by law, but, a failure to provide the information may mean that your child cannot participate in all activities.

Provision of this information will significantly assist coaches in planning a safer environment for activities whilst in their care. It will be stored securely and used in the fulfilment of our appropriate duty of care for your child. If you have any concerns about providing this information, please contact the coaches to discuss this further. We respect the fact that some information may be personally sensitive for the individual child.

Please correct or update any personal information provided as appropriate by contacting the Judo NSW State Coaches or Managers.

Medicare number: _____

Private Health Care number: _____

Parent / Guardian contact details

Name: _____

Address: _____

Telephone: (Home) _____ (Bus.) _____

Mobile _____

Doctor contact details

Name: _____

Address: _____

Telephone: _____

Emergency contact(s) details (nominated by the parent/guardian as alternate contact)

Person 1

Name: _____

Address: _____

Telephone: (Home) _____ (Bus.) _____

Mobile _____

Person 2

Name: _____

Address: _____

Telephone: (Home) _____ (Bus.) _____

Mobile _____

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each. Attach additional sheets if required.

Condition	Current Treatment

Outline special dietary needs:

Possible reaction to inappropriate diet:

Medication(s) to be administered during these activities. Include name of medication, instructions for administration, time of administration, and any possible reactions

Medication Name	Form (tablet etc)	Dosage, methods	time,	Possible Reactions

Has your child attended a doctor for treatment of any serious illness recently? YES / NO

If YES please give details:

Date of last tetanus injection: _____ or within last 2 years _____ 5 years _____

Signature: _____ Date: ____/____/____

Form is to be completed and provided to Judo NSW before commencement of the Judo NSW State Training Camp on Sat 4 May 2019.

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