



A.B. Paterson College Netball Club

A.B. Paterson College
10 A.B. Paterson Drive
Arundel, Queensland 4214
Ph (07) 5594 7947
Email netballclub@abpat.qld.edu.au

This form is intended to assist A.B. Paterson College Netball Club to provide assistance when/where required in the event of injury or illness.

PLAYER'S MEDICAL INFORMATION:

| PLAYERS NAME | DATE OF BIRTH |
|---|--|
| Does Player have ambulance Cover? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the player suffer from any form of asthma? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'yes' please provide details, including treatment and dosage requirements | |
| Has the player suffered from any serious illness or injury in the last 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'yes' please specify | |
| Does the player suffer from ankle, knee or joint problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'yes' please specify | |
| Does the player suffer from any of the following conditions: | |
| Epilepsy/Fits of any kind | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sight/Hearing disorders | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Allergies of any kind | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other (please specify): | |
| If yes to any of the above, please provide details, including treatment and dosage requirements | |

Signature (Member):

Date:

Signature (parent/guardian if member under 18):

Date:

This information will remain confidential and only be seen by members of the A.B. Paterson College Netball Club Committee and the coach of the player

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