



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



AUTHORITY TO PUBLISH FORM

The Kiama Junior Knights would like to publish photos and/or information about your child for the purposes of promoting the Club to the broader community through various communication channels.

This information may include your name, age and specific information such as quotes, interviews, photographs, sound and visual recordings. It may appear on:

- Kiama Junior Knights Facebook page
- Kiama Junior Knights website
- regional media outlets such as Kiama Independent's website and printed newspaper

You should be aware that when information is published on public websites and social media channels, it can be discoverable online for a number of years, if not permanently. Published information can also be linked to by third parties.

Your agreement for your child to participate is voluntary and you will not receive financial compensation of any type associated with the taking or publication of any photograph, image or recording, and that you will have no rights of ownership or royalties whatsoever.

Any enquiries you have may be directed to the Kristie Laird on 0402 080 165.

Child's name: _____

Consent for persons to be photographed/videoed/recorded under 18 years of age.

I am the parent or guardian of the minor named above and have the legal authority to execute the above release.

Parent or guardian name: _____

Phone number: _____

Address: _____

Signature: _____ Date: _____