

Athletes Medical Profile- Personal Record

All information on this sheet is confidential and will only be assessed in the case of an injury/emergency to the child. Access to this sheet is limited to W.A.C. Junior Executives and Sports First Aider.

Please note that parents are to remain at C.E Brown Reserve and provide supervision for their own children.

Personal Details

Child's Name: _____
Address: _____
Home Phone: _____ Mobile: _____
Email Address: _____ Birth Date: _____ Age: _____
Emergency Contact Name: _____ Relationship: _____
Phone/Mobile: _____

Current Medical History

Any current medical problems: _____

Allergies: _____

Sports injuries :(please list any injuries that are current/recurring or require surgery)

Past History

Has your child had any of the following:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> other: please specify _____ | |

If answered yes to any of the above please give details:

Applicable Management plan (if required):

If you have answered yes for asthma please fill out the Asthma Action Plan Form and attach to this sheet.

To the best of my knowledge, all information contained on this sheet is true and correct.

Parent/Guardian Signature: _____ Date: _____