



PRESBYTERIAN LADIES' COLLEGE
A COLLEGE OF THE UNITING CHURCH IN AUSTRALIA

SPORTSLINK PROGRAM

Medical Information Form

Medical Information:

Please note that this information will assist us to include and support all participants in our programs, and that all information provided on this form is strictly confidential.

Participant Details:

Given Names: _____ Surname: _____

Medicare Number: _____ Expiry Date: _____

Private Health Insurance Provider: _____ Ambulance Cover: **Y / N**

GP (Doctor): _____ Phone: _____

Emergency Contact (Name): _____

Phone (H): _____ Phone (W): _____ Mob: _____

Current Medication: _____

Purpose (eg. Anticonvulsants): _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Item:	Comments/Description:		
Do you consider your son/daughter to have a disability? YES / NO	If you answered YES please give details:		
Does your child have any of the following conditions:	Yes:	No:	Is this managed/controlled. If so how?
Asthma			
Diabetes			
Epilepsy			
If uncontrolled, please specify 1. Type of attack or seizure 2. Frequency 3. Prior warning 4. Timeframe 5. Reaction/Recovery			
Does your child have any allergies?	Yes	No	Comments/management
Mobility: Does your child require any mobility aides?			Details/Specify:
Is there any set procedures for transferring your child / assisting with their mobility:			

Communication:	Yes	No	Details / Specify
Does your child require any assistive devices? (Eg glasses, hearing aides)			
Is your child able to follow verbal instructions?			
How does your child communicate?			
Can your child communicate their feelings and ideas?			
How do they respond when corrected?			
Is there anything else you can tell us about communicating with your child?			
Behaviour:			
How would you describe your son/daughter's behaviour? (Eg, inquisitive, withdrawn, active?)			
How do they respond when surrounded by children they don't know?			
Does your child enjoy group activities?			
Does your child ever present with difficult or inappropriate behaviour?			
Is there anything else you can tell us about the behaviour management of your child?			
If your child is upset, how do you manage this?			

Other Information:

Please indicate other information that you feel is relevant to the coaches / instructors to enable them to assist you / your child to gain the maximum benefit from their involvement in the Sportslink program.

Name: (Participant): _____ Signed: _____

Parent / Guardian: _____ Signed: _____

(All information is strictly confidential)

Please ensure all medical information is complete and return to:

**Attention Amy McDonald
 Presbyterian Ladies' College
 14 McNeil St
 Peppermint Grove WA 6011**

Enquiries: 08 9424 6530