



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
<b>Mobility:</b> Does your child require any mobility aides?			Details/Specify:
Is there any set procedures for transferring your child / assisting with their mobility:			

<b>Communication:</b>	<b>Yes</b>	<b>No</b>	<b>Details / Specify</b>
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?			
<b>Behaviour:</b>			
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 (Eg, inquisitive, withdrawn, active?)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.

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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**