



Greensborough Junior Football Club Inc.

Medical History Form

Surname _____ Given Name _____

DOB: ____/____/____ Team _____

Parent /Guardian Name: _____

Address: _____

Phone (H) _____ Mobile _____

Medicare No: _____ Ref No: _____ Exp Date: _____

In the event of an injury, and I am not contactable, I / we _____, give permission for Greensborough Junior Football Club Inc. to seek medical attention for _____ as deemed necessary.

Do you give consent for an ambulance to called if deemed necessary. YES / NO Ambulance Cover: YES / NO

Please Note: It is a requirement of the Greensborough Junior Football Club Inc. and the Northern Football League that all players wear a mouthguard for training and games. Players not wearing mouthguards will not be eligible to play.

Family Doctor: _____

Address: _____

Phone: _____

Contact in case of emergency if you are not at the game:

Name: _____ Phone: _____

Relationship to player: _____

Name: _____ Phone: _____

Relationship to player: _____

Does you child suffer from : (please circle if appropriate)

Asthma Diabetes Allergies to Band Aids Allergies to Savlon Antiseptic

Allergies to Dettol

Other Conditions : (please specify) _____

Previous Injuries: _____