

Health & Fitness Questionnaire – Magic Representative Team

Please answer to the best of your ability and truthfully; this is to assist the coaches and team manager to care for the player at trainings and tournaments. The team manager, coach and assistant coach will take responsibility of the player during these times. Parents will be asked to assist where necessary and if available. Parents/Guardians will be informed of any medical or injury to your child.

Ailment, Injury, Medical Condition	Yes	No	Unknown
Asthma If "Yes", what medication do you take and dosage Medication Dosage <i>Please ensure you bring with you every training and games. Please give to your team manager for games.</i>			
Diabetic, Hypoglycaemia or any other blood sugar disorders If "Yes", What Type and How is it controlled T1D T2M Diet/Insulin/Medication Dosage			
Current injury- If "Yes" Circle appropriate Ankle Left/Right Hips/Back Left/Right Shoulder/Arm Left/Right Knee Left/Right Wrist/Elbow/Hand/Fingers Left/Right Fingers Left/Right Foot/Toes Left/Right Any other part of your body: Comments: Proof of Medical Clearance sighted by Manager.....Signed.....Date			
Recurring or previous injury- If "Yes" Circle appropriate Ankle Left/Right Hips/Back Left/Right Shoulder/Arm Left/Right Knee Left/Right Wrist/Elbow/Hand/Fingers Left/Right Fingers Left/Right Foot/Toes Left/Right Any other part of your body: Comments:			
Allergies/Hayfever If "Yes" please circle appropriate Food/Pollen/Sticking plaster/Latex/Eggs/Milk/Lactose/Nuts/Other Comment: Medication Dosage Epi Pen			
Migraine or Regular Headache sufferer If "Yes", How is it controlled Regular Medication Dosage			
Do you take any other medication for any other condition.			
Bedwetting, Night Terrors, Sleep Walking			
Any other condition, illness etc you wish to inform your coach/team manager about.			

Medication Authorisation – Magic Representative Team

Please do not take any medication unless you ask your coach or team manager. Any regular medication (eg antibiotics) needs to be logged with the team manager.

Any pain relief will be given by the team manager.

I (Parents/Guardians name).....

Accept that in my absence or unable to be contacted, that my child/player; (name)..... is able to be administered pain relief as deemed necessary by the team manager or qualified first aid attendant.

Please circle appropriate dosage.

1 x Paracetamol 2 x Paracetamol 1 x Anti-inflammatory 2 x Anti-inflammatory

I (Parents/Guardians name)..... Accept that in my absence or unable to be contacted, that my child/player; (name)..... is able to be attended by ambulance, general practitioner or public hospital accident and emergency department if deemed necessary by team manager or game officials.

Signature of Parent/Guardian.....Date Signed

Players NameDate of Birth.....

Medicare Card No	-----	Ref No _	Expiry __/__
Health Insurance		Membership No __	
Name of Primary Card Holder			
Hospital Cover	Yes/No	Extras Cover	Yes/No
Health Care Card CRN	-----		

As Parent/Guardian I give my person to the Team Officials to act appropriately where necessary for the care of my child during representative trainings, tournaments, travel days and accommodation.

I understand that the some information I have given will remain private and confidential and only the Team Manager will access and inform others (Medical personnel) were necessary for the care and protection of my child’s privacy.

Parent/Guardian signature.....Print Name.....

Date Signed.....

Player – Parent Information

Players Full Name	Date of Birth	Contact No:
Mother/Guardian Name	Contact No:	Alternate No:
Father/Guardian Name	Contact No:	Alternate No:
Extra Contact (eg grandparent, Aunty)	Contact No:	Relationship to Player

I(Name of Player) have read and agree to adhere to the
 Player Code of Conduct, Signed, Date.....

I/.....(Name of Parents) have read and agree to adhere to
 the BQ Spectator Code of Conduct, I will ensure that anyone I take to the games (eg relatives) will be informed of the
 code also. I also accept responsibility and will assist my son/daughter with their obligations under the Player Code of
 Conduct. I understand that sanctions maybe applied by Maryborough Basketball or Basketball Qld if either myself or
 son/daughter should breach any aspect of the codes.

Signed/
 Date.....