



**Medical History Form Representative Player**

(Confidential)

**Manly Warringah District Baseball Association Junior League**

Name: ..... Club: .....  
 D.O.B.: ..... Telephone: .....  
 Address: .....  
 Family Doctor: .....  
 Name of person to contact in an emergency: .....  
 Relationship: ..... Telephone: .....  
 I give permission to call an Ambulance in an emergency: YES/NO  
 Medicare No..... Private Health: .....

<b>Does your child suffer from:</b>	<b>Yes/No</b>	<b>Management</b>
Diabetes		
Asthma		
Epilepsy		
Attention Deficit Disorder (ADD/ADHD)		
Behavioral Problems		
Bronchitis		
Anaphylaxis, Allergies ( please list)		Epipen required?

Does your child experience any of the following signs and symptoms during training/playing?

Undue shortness of breath	
Chest pain	
Light headedness, dizziness or episodes of fainting?	
Become tired/fatigued easily	

Any other condition the Manly Warringah Junior League should be aware of:

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Any regular medication or current medication (please supply details i.e. Reason for medication; times; etc) .....

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Any physical, i.e. Muscular/joint problems that may limit your child in physical activity:

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Has your child suffered concussion in the last three years? YES/NO

If so, advise details of treatment and outcomes.....

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Has your child consulted any Health Care practitioner (e.g. doctor, chiropractor, physiotherapist) in the last 6 months for treatment of an injury. (Please provide details)

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If so, do you have medical certificate pertaining to the recovery, allowing your child to participate in this sport?

YES/NO,

If yes, please provide certificate.

If No, a certificate may be required.

Are you aware of the inherent risks (including collisions and being hit by a hard thrown ball) of participating in physical activity such as Baseball & willing for your child to participate in this sport?

YES/NO

I declare this to be a true statement of my child's health status as at the date below.

I will inform the Rep Coordinator, of any problem that may occur during the season that is relevant to my child playing baseball.

Name: ..... Signature: ..... Date: .....  
Parent/Guardian

Checked by: ..... Signature: ..... Date: .....

Position: .....