



NCMJFC Medical Action Plan

Players name.....

Players Date of Birth.....Age on 1 Jan this year.....

Team name FFA Reg No.....

Primary Parent/Guardian Name.....

Mobile Number.....

Secondary Parent/Guardian Name.....

Mobile Number.....

State the player's medical condition here

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The parent/guardian is responsible for supplying the child with any medication that they require and including a medical action plan to the club in the case of emergency. It is the responsibility of the parent/guardian to implement the action plan not the responsibility of the coach, TM or club officials.

- What medication is your child going to be keeping with them at training and on game days?

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- Is your child aware of the medications that they need to take in the case of an emergency?
 - YES
 - NO

The medical action plan must include immediate requirements as well as the contact details of people to call.

The medical action plan will be kept on file as well as be given to the players coach and TM. This is not a form that will be made public.

Please note that there are no medical officers permanently based at the clubs home ground of Caulfield Park. If medical attention is required then Hatzolah and/or 000 will be called.

Medications must be sent to every training/match in the player's bag in a marked bag/container that is red in colour. On it must be child's name. Inside, on a typed sheet, there must be an explanation of dosage and how to administer.

- YES Club officials have permission to call Hatzolah and/or 000 if required for your child
- YES I the parent/guardian understand that it is my responsibility to ensure that the action plan exists and kept up to date.
- YES I the parent/guardian understand that it is my responsibility to ensure that either myself or nominated carer is available at all club events (match day, training and practice) and are provided with the items and medication required to carry out the action plan if necessary as it is not the responsibility of coach or TM or any other club official to do so.
- YES I the parent/guardian affirm that the nominated carers are familiar with the action plan and are prepared to execute it as required.

Acknowledgment of Risk, Waiver of Liability, and Consent for Treatment:

I acknowledge that there are risks inherent in any sporting activities , including but not limited to injury or death arising from: participation in sports activities; children's failure to follow instructions of coaches and supervisors; communicable illness; and independent acts of third parties not under our control . I acknowledge that all risks cannot be prevented, and assume those beyond the control of the NCJFC and its staff.

Further, I hereby fully and forever waive, release, acquit, hold harmless, and discharge NCMJFC and Maccabi Victoria from any and all claims, demands, rights, losses, suits, actions and causes of action, obligations, damages, costs, or expenses of any nature relating to injury of any type suffered during or otherwise arising from my child's participation in sporting activities.

In order to minimize risks to my child or other participants, I will take responsibility to see that my child is properly prepared for all activities and is in good health . In case of medical emergency, I understand that every reasonable attempt will be made to contact the primary parent/guardian or the secondary parent/guardian named above.

However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

It is the responsibility of the parent/guardian to implement the action plan not the responsibility of the coach, TM or club officials.

If your child requires medication at training/games and it is not provided then the club officials have the right to stop them from participating.

Please fill in this form, sign it and send it back with a current medical action plan for your child.

CONSENT (please read carefully)

- ❖ I agree to my son/ daughter taking part in the activities of the club.
- ❖ I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.

Signed (Parent/ Guardian)

Date:

Players Medical Action Plan attached here

- Give 1 hard copy to your Team Manager.
- Email 1 copy to admin@ncmjfc.com.au