



## PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM

(This form is to be complete in full by the parent/carer and returned to the Welsh Judo)

### 1. DETAILS OF VISIT

Visit to:.....

From:.....(date/time)To:.....(date/time)

Full name: .....Date of Birth: .....

I agreed to my son/daughter taking part in the above stated visit. I acknowledge the need for good conduct and responsible behaviour on their part.

### 2. EMERGENCY DETAILS

a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the **medical authorities** present.

b) I may be contacted by telephoning the following number(s):

Home (.....):..... Work (.....):.....

Mobile Telephone no: .....

Name & Address: .....

.....

c) Please state an alternative contact point: - Telephone number: (.....).....

Name & Address of Contact:.....

Child health service details: - EHIC card number:.....

Family doctor (Name, address and telephone number):.....

.....(.....).....

### 3. MEDICAL INFORMATION

**Does your child suffer from any of the following conditions?**

(Cross out the YES or NO which does not apply)

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details:.....

.....

**Does your child suffer from any other condition requiring medical treatment, including medication?** Yes/No

If YES, please provide details:

.....

**Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?**

Yes/No

If YES, please provide details:

.....

**Has your child been immunised against the following diseases?**

Poliomyelitis      Yes/No      Tetanus (lock jaw)      Yes/No

If YES to tetanus, please give details if known.....

**Is your child taking any form of medication on a regular basis?**

Yes/No

If YES, please give full details, indicating the type of medication and dosage.

.....

Please ensure that your child has adequate supplies of medication and dosage.

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious.**

Yes/No

If YES, please give full details:

.....  
.....

In the case of a residential course, does your child have any:

- Special Dietary needs?.....
- Any childcare needs?.....

**4. DECLARATION BY PARENT/CARER**

- ◆ I have read the attach information provided about the proposed visit.
- ◆ I consent to my child.....taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned.
- ◆ I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ◆ I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to Welsh Judo prior to the visit.

**Signature of Parent/Carer**..... **Date** .....

**(N.B. Parental/Carer consent required for children aged 17 and under)**

Name of parent/carer in block letters:.....

Address:.....

.....

**In the case of the applicant being over 18 years of age, the following must be read and signed:**  
I declare the above information is correct and that the person in charge has my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.

Signed.....Date.....