

IN LOCO PARENTIS / MEDICAL DETAILS FORM

Name of Judo Fighter: _____ Date of Birth: _____

Details of Parent/Guardian to Contact in Case of Emergency:

Name: _____ Relationship: _____

Address: _____

_____ Postcode: _____

Phone (h): _____ Phone (w): _____

Phone (m): _____ E-mail: _____

Details of another person to contact if parents/guardians are unobtainable:

Name: _____ Relationship: _____

Address: _____

_____ Postcode: _____

Phone (h): _____ Phone (w): _____

Phone (m): _____ E-mail: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Surgery Address: _____

Illness/Allergies/Injury/Dietary info: _____

Please list any medication taken: _____

I hereby authorise representatives of the British Judo Association to act on my behalf, with regards to my/our child, in the event of an emergency and to sign on my/our behalf any consent form as required by medical or legal agencies in my/our absence. I also consent to my/our child submitting to doping control procedures as required.

Signature of parent(s)/guardian(s):

Name: _____ Date: _____

Name: _____ Date: _____