MEDICAL DETAILS & IN LOCO PARENTIS FORM

Personal Details:

Name: _____

Date of Birth: _____

Address: _____

_____ **Postcode:** _____

Phone (m): _____ **Email:** _____

Details of Emergency Contact 1:

Name: _____ **Relationship:** _____

Address: _____

_____ **Postcode:** _____

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

_____

Phone (m):_____ **E-mail:** _____

Details of Emergency Contact 2:

Name: _____ **Relationship:** _____

Address: _____

_____ **Postcode:** _____

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

Phone (m):_____ **E-mail:** _____

Medical Information:

Doctor's Name: _____**Phone:** _____

Surgery Address: _____

Illness/Allergies: _____

Injuries: _____

Dietary info: _____

Please list any medication taken: _____

_____

Authorisation:

By signing this document, I confirm that I am either the adult participant named in this form, or the person with parental responsibility for the child named in this form.

1. Where I am signing on behalf of my child, I give permission for my child to travel abroad with British Judo or England Judo.
2. I authorise representatives of the British Judo Association, including England Judo, to act on my behalf, or on behalf of my child where applicable, in the event of an emergency. This includes permission to sign any consent form required by medical, emergency, or legal authorities if I am absent or unable to do so
3. I accept responsibility for promptly notifying the British Judo Association of any changes to the information provided in this form.

Staff:
As Athlete Support Personnel, I confirm that I will keep myself informed of the latest anti-doping rules, requirements, and responsibilities by referring to Homepage | UK Anti-Doping.

Athletes:
I consent to submitting to doping control procedures when required and confirm that I will keep myself informed of the latest anti-doping rules, requirements, and responsibilities by referring to Homepage | UK Anti-Doping.

Signature:

Name: _____ **Date:** _____

For athletes under 18 years of age, this section must be signed by a person with parental responsibility:

Signature:

Name: _____ **Date:** _____