*PARENTAL CONSENT FOR KARATE ACTIVITIES*

**I agree to ………………………….………………………………………………………………….(Full Student Name)**

**taking part in the activities of Karate instruction including basic moves, sparring, kata and self- defence. I acknowledge the need for him/her to behave in a responsible manner.**

**MEDICAL INFORMATION ABOUT YOUR CHILD**

**Has your child ever suffered from any of the following?**

**Asthma……… YES/NO Diabetes…………….. YES/NO**

**Epilepsy…….. YES/NO Heart Complaints…… YES/NO**

**Allergies…….. YES/NO (if yes please specify)……………………………………………………………………..**

**Head Injuries.. YES/NO (if YES, how long ago?)……….………………………………………………………**

 **(was he/she unconscious?...…………if YES for how long?……….………………**

**Any other conditions requiring medical treatment? YES / NO**

**If YES, please give brief details:………....….…………………………………………………………………………**

**………………..……………………………………..……………………………………………**

**………………………………..………………………..…………………………………………**

**If you have answered YES to any question, is the condition under medical control?**

 **YES/NO**

**Does the child need to carry medication with them? YES/NO**

**If YES, how is the form of medication taken?……………….……………………………………………………**

**Please outline any special dietary requirements of the child and the type of pain relief medication which may be given if necessary.**

**……………………..…………………………………………………………………………**

**………………………………………..………………………………………………………**

**To the best of your knowledge, has the child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?**

 **YES / NO**

**If YES, please specify: ……………………………………………………………………………………………………**

**Is the child allergic to any medication or is there anything in a normal first aid box which is unsuitable for use on him/her. YES / NO**

**If YES, please specify:**

**………………….……………………………………………………………………….………**

**When did the child last have a tetanus injection?……………………………………………………………………**

**I will inform the person in charge as soon as possible of any changes in the medical or other circumstances before the commencement of any activity.**

**Student’s Full Name……………………………………………………DOB:………………………**

**OTHER CONDITIONS WHICH MAY AFFECT TRAINING**

**Does the child suffer from any of the following:**

**Dyslexia……………………... YES/NO Slight/Severe**

**Dyspraxia……………………. YES/NO Slight/Severe**

**Learning Difficulties………… YES/NO Slight/Severe**

**Co-ordination Problems……. YES/NO Slight/Severe**

**Any other comments you may like to make to assist us :**

**………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………**

**DECLARATION**

**I agree to ……………………………………………….………….(student name) receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitation of insurance cover provided.**

**Emergency contact………………………………………………………………………………………**

**Contact telephone numbers (plus code):**

**Home..………………………………**

**Mobile…….……………………………Work…..……………………**

**Home Address……..…………………………………………………………………………………**

**……………………………………………………………………………….………………**

**Alternative Emergency Contact if different from above………………………………………………….**

**………………………………………………………………………………………..………**

**Name of Family Doctor…….……………………………………………………..……………………………**

**Address & Tel. No….…………………………………………………………………………………………..**

**…..………………………………………………………………………………………………**

**Changes in details must be relayed to the person in charge immediately and records amended.**

**Signed…………………………………………………Parent/Carer.**

**Date………………………………….**

**Full Name (capitals)……………………………………………………………………………………**

**This form must be taken by the person in charge to the activity.**

**For Parent(s)/Carer(s) information.**

**The Club’s Child Protection Officer is: Tel:**