

Tournament Participant's Medical Details Form

Full Name: _____ **D.O.B:** _____

Address: _____

_____ **Post Code:** _____

Phone No: _____ **Other No:** _____

Please circle **YES** or **NO** to the following questions and statements. *(If the answer is YES to any of these questions, please attach details on a separate sheet of paper.)*

Do you have any allergies? E.G. aspirin; antibiotics; foods? **YES** **NO**

Have you been in contact with any contagious diseases in the last 3 months ? **YES** **NO**

Are you taking any form of medication at present ? **YES** **NO**

Are you immunised against Tetanus ? **YES** **NO**
(Please give approximate date.) _____

Doctors Details:

Name: _____ **Phone No:** _____

Address: _____

Emergency Contact Details:

Please give **two** contact numbers where someone can be contacted in the event of an emergency.

1) **Name:** _____ **Relationship:** _____

Phone No: _____ **Other No:** _____

2) **Name:** _____ **Relationship:** _____

Phone No: _____ **Other No:** _____

Declaration (Delete as applicable)

I / my son / daughter is capable of taking part in the GKR Karate Tournament.

I am willing to allow my son / daughter to participate in the above activity and confirm that they will be attending the tournament with / without a parent / guardian / a nominated person who has agreed to supervise my child.

In the event of illness or injury, I agree to authorise members of staff attending / participating in the event to consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given on the advice of a qualified medical practitioner / qualified first-aid officer.

Signed: _____ **Date:** _____

Name (Please print): _____