



# Consent Form (Junior)

Licence No.	_____
D.O.B..	_____
Religion	_____

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PostCode

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

## PERMISSION

I \_\_\_\_\_ (parent/guardian) give my permission for \_\_\_\_\_ to attend and take part in the activities of Lenham & Harrietsham Judo Club under the jurisdiction of the club instructor/s and helper/s. I understand and accept the club rules and codes of conduct.

## AUTHORISATION

In the event of serious illness or accident, I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_ give my authority to the named club instructor/s or their representatives, to sign on my behalf any written forms of consent required by medical authorities for medical attention in such case when the delay in obtaining my own authority is considered inadvisable by the doctor or surgeons concerned.

## MEDICAL HISTORY

Does your child suffer from	Asthma?	Yes / No *	(* Delete as appropriate)
	Diabetes?	Yes / No	
	Epilepsy?	Yes / No	

Any other Medical Conditions (please give details) \_\_\_\_\_

\_\_\_\_\_

Has your child an allergy to penicillin? **Yes / No**

Any other Allergies (please give details) \_\_\_\_\_

\_\_\_\_\_

## DOCTORS

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

PostCode: \_\_\_\_\_ Telephone: \_\_\_\_\_

(For use of hospital staff, if required. All attempts will be made to contact you first.)

Do you object to your information being held on computer? **Yes / No**

Do you object to judo club pictures of your child being placed on our website? **Yes / No**

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_