

Consent Form (Junior)

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



Name: _____

Address: _____

PostCode: _____ Telephone: _____

Email: _____ 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.

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

Signature of Parent / Guardian _____ Date _____