

PARENTAL CONSENT FOR AIKIDO ACTIVITIES WITH RISING STARS AIKIDO

I agree to(Student's Full Name)

taking part in the activities of Aikido instruction and 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?	YES / NO	
	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.

Ethnicity

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group/origin

A White

British

Irish

Any other white background (please specify):

B Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background (please specify):

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify):

D Black or Black British

Caribbean

African

Any other Black background (please specify):

E Chinese or other ethnic group

Chinese

Any other (please specify):

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's 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 Welfare Officer is: Clair Burgess - Tel: 01934 417764