

**BRITISH
JUDO**



Stevenage Judo Club

“you bring your energy...we'll use it!”

Club Medical & Loco Parentis Form

Please read each section carefully, sign and return.

It is important for the SJC staff at the Club to have the necessary authority to obtain any urgent treatment whilst at the judo Club or judo competitions or events. Could you therefore please complete the form and return to one of the highlighted SJC staff members. You may wish to keep a copy for reference. All sections must be completed to enable your child to take part in Club activities and associated events.

Personal Details (child)

Name:		Date of Birth:	
Address:			
Home Tel:		Mobile:	

Emergency Contact Details

Name:		Telephone Number(s):	
Relationship to player:			

If above is unavailable, please contact:

Name:		Telephone Number(s):	
Relationship to player:			

I being the parent / guardian of the above named, hereby give permission for a member of the Stevenage Judo Club staff to administer first aid or give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Parent or Guardian Signature:		Date	
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Andrew Murray	First Person on Scene (Intermediate) Medic, NSPCC Safeguarding Children & Time to Listen
Tim Lardner	First Aider, NSPCC Safeguarding Children & Time to Listen
Simon Banks	Welfare Officer, NSPCC Safeguarding Children & Time to Listen

All information provided **must** be dealt with in the strictest confidence