



MEDICAL CONSENT FORM

Covid-19 Check (New)

Please answer the below questions prior to your child returning to training or joining us.

1. Have you had any of these symptoms of COVID-19 in the past 14 days?

High temperature (fever)	Yes /No
A new continuous cough	Yes /No
New unexplained shortness of breath	Yes / No

2. Have you been in contact with:

COVID-19 confirmed/suspected case in the last 14 days? Yes /No /Maybe

If you have answered **YES** to any of these questions you should stay at home and consult the government guidelines and read the current NHS advice.

Personal Information

First Name: Surname:

Address:

.....

..... Postcode:

*Tel No. Mobile:

*Email Address:

Male/Female: Age: Date of Birth:

*Emergency Contact Name & Number:

Who is authorised to collect your child from the session:

**Please ensure the sections with * are completed as requested in order for us to contact you efficiently.*

Medical Information

GP's Name: Tel No.

Address:

.....

Does your child have any medical conditions we need to be aware of?

.....

Does your child need to bring any medication with them (YES/NO) If yes please state below:

.....

Does your child have any allergies?

I consent to my child receiving medical treatment necessary in the event of an accident if I cannot be contacted (YES/NO)

Photography and Social Media

Your child may be photographed during the classes which may be used in promotional material or class updates for **Rusty Taekwondo** only.

Please tick the box if you **do not** give your permission for this and we will alert you when running the session should a photography opportunity arise.

It is difficult to ensure an individual is not included by error in a team or action shot but we will review all photos taken before any are publicised.

Consent

In signing this form, I the parent/guardian of the below child affirm that I have read and understood this form to the best of my knowledge, answered all questions correctly and give permission for my child to participate in the classes.

These classes will include resistance, martial arts exercise and training.

I understand that participation in these activities involves the risk of injury.

Signature: Date:

Parent/Guardian/Carer (Delete as appropriate):