



The International Federation of Karate Kyokushinkai Australia

Incorporated



CHILDREN'S MEDICAL AND CONSENT FORM

PARTICIPANT'S DETAILS	FAMILY NAME :
	GIVEN NAMES :
	ADDRESS :
 POSTCODE :
	GENDER : <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	AGE : DATE OF BIRTH : / / <small>dd mm yyyy</small>

PARENT/GUARDIAN DETAILS		Mother/Guardian	Father/Guardian	Other Contact/Guardian
	Name of Parent/Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Work Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL INFORMATION	Does the participant suffer from any of the following:		
	<input type="checkbox"/> Any allergic condition	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Epilepsy, fits, or blackouts	<input type="checkbox"/> A disability or chronic illness	<input type="checkbox"/> Asthma (include asthma plan)
	<input type="checkbox"/> Attention deficit disorder (ADD/ADHD)	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> A current illness e.g. flu
	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Behavioural problems	<input type="checkbox"/> Other
	If yes to one or more of the above, please give details (attach separate sheet if necessary)		
.....			
.....			
Medicare Number	Health care card no.	Pensioner Health Benefits card	Pharmaceutical benefits concession card
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Health Insurance Fund	Number	Do you have ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>	<input type="text"/>		

Please make sure you also fill in the details on the other side (or other page) of this form

The International Federation of Karate Kyokushinkai Australia – Medical and Consent Form

CURRENT MEDICATION	Time and Dosage – please specify exact time of medication										
	Breakfast		Lunch		Dinner		Before Bed		Other		
	NAME	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
	<i>e.g. Bricanyl</i>	<i>8am</i>	<i>2 puffs</i>	<i>12:30</i>	<i>2 puffs</i>	<i>6pm</i>	<i>2 puffs</i>	<i>8pm</i>	<i>2 puffs</i>		

- NOTES:
- Scheduled medicine must be provided in the original container (as required by legislation)
 - All medications will be collected and administered by staff, unless notified in writing to the contrary
 - Staff will supervise and register the taking of all medicine.

RISK WAIVER	Camp	Date of Camp
	<input type="text"/>	<input type="text"/>
	Venue	
<input type="text"/>		
<p>I agree to my child/ward's attendance at the abovenamed camp organised by the International Federation of Karate Kyokushinkai Australia Inc (IFKKA). In the case of an emergency, I authorise the camp organisers, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport, and drugs, while my child/ward is enrolled in the program.</p> <p>I understand that although the IFKKA Inc and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities, and karate in particular, carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in the physical activities that will be undertaken as part of this karate camp.</p>		

MEDIA CONSENT	<p>Strike out this section and countersign it if you do not agree.</p>
	<p>I agree to allow the IFKKA Inc. to use my child's/ward's name and any photographs, sound, and film recordings taken of my child/ward at this camp for the promotion of the IFKKA Inc. and its constituent clubs to the media and to the general public.</p>

PRIVACY STATEMENT	<p>The information you are providing in this entry form is being collected and will be used only for the purpose of your registration with the International Federation of Karate and the International Federation of Karate Kyokushinkai Australia Inc. (IFKKA Inc) It will only be disclosed to the executives of these organisations and their affiliated insurance company/companies if necessary. The IFKKA Inc. is subject to the National Privacy Principles in the Federal Privacy Act 1988.</p>

Full Name of Parent or Guardian

Signature

Date (dd/mm/yyyy)

/ /

Full Name of Parent or Guardian

Signature

Date (dd/mm/yyyy)

/ /