



The International Federation of Karate Kyokushinkai Australia

Incorporated



Emergency Details and Medical Consent Form

Event

Date of Event

Venue

PARTICIPANT'S DETAILS

FAMILY NAME :

GIVEN NAMES :

ADDRESS :

POSTCODE :

GENDER : MALE

FEMALE

AGE :

DATE OF BIRTH :

dd mm yyyy

EMERGENCY CONTACTS

	Mother/Guardian	Father/Guardian	Other Contact/Guardian
Name of Parent/ Guardian (if applicable)	<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"/>

MEDICAL INFORMATION

Does the participant suffer from any medical condition or injury that may affect his/her ability to fully participate in the activities at a karate training camp such as:

- | | | |
|--|--|---|
| <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"/> High blood pressure | <input type="checkbox"/> Joint Injuries e.g. knee, ankle etc | <input type="checkbox"/> Back injury |
| <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 and treatment, if appropriate and necessary. (attach a separate sheet if needed)

Medicare Number Health care card no. Pensioner Health Benefits card Pharmaceutical benefits concession card

Position number on Medicare card

Private Health Insurance Fund

Number

Do you have ambulance cover? Yes No

Please make sure you also fill in the details on page 2 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

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

TERMS AND CONDITIONS

I agree to my/my child/my ward's attendance at the above named camp organised by the *International Federation of Karate Kyokushinkai Australia Inc (IFKKA)*. In the event I/my child/my ward may require First Aid, I consent for the appropriate First Aid to be administered by the **IFKKA**.

In the case of an emergency, I authorise the camp organisers, where it is impracticable to communicate with me, to arrange for me/my child/my 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, for me/my child/ward while a participant at the karate camp.

The **IFKKA** does not warrant that the use of protective equipment will completely eliminate the possibility of accident or injury but will reduce the risk of accident or injury. In recognition of the possibility of an accident or injury connected with my / my child's /my ward's martial arts training I waive any right or cause of any kind of action arising from such activity and any liability against the **IFKKA**, its volunteers, officers, agents, employees or instructors.

I acknowledge that physical contact will be used by instructors of the **IFKKA**, other students, and authorised individuals as part of my / my child's /my ward's karate or self defence instruction and give full consent to any physical contact as may be required or is customary to martial arts and self defence training.

I acknowledge and understand that my / my child's /my ward's participation in activities associated with attendance at the **IFKKA** camp may involve a significant degree of physical exertion or physical risk which may cause personal injury or death. By signing this document and participating in the activities associated with the **IFKKA** camp. I am not aware of any medical or physical condition other than those listed previously which would lead me to believe there is a risk to my / my child's /my ward's health.

TERMS AND CONDITIONS cont.

In the event of any injury suffered by me / my child's /my ward's while participating in such training / classes, I agree to accept full responsibility

I acknowledge that the **IFKKA** take no responsibility for the loss or damage of my / my child's /my ward's personal belongings other than loss or damages caused directly by wilful acts or omissions or negligence of the instructors or the **IFKKA**.

I acknowledge & agree that any photographs or videos taken of me / my child /my ward whilst participating in **IFKKA** sanctioned events be available to the **IFKKA** to be used on their approved websites or in any advertising/promotional material as they see fit.

PRIVACY INFORMATION

The personal information collected on this form by the International Federation of Karate Kyokushinkai Australia Inc. (IFKKA Inc) will be held in line with the National Privacy Principles NPP (Privacy Amendment (Private Sector) Act 2000). It will only be disclosed to the executives of organisations and their affiliated insurance company/companies if necessary.

Personal Information also includes information collected in the course of providing services to you / your child /your ward and communications between you / your child /your ward and us. The information collected enables us to properly advise you / your child /your ward in relation to your event attendance and martial arts training.

Any personal or sensitive information collected about you / your child /your ward will be used and disclosed by us so we can provide you with the services you have requested or otherwise enable us to carry out our functions. For example, we must make our instructors aware of information about you / your child's / your ward's health, so they can safely instruct you / your child /your ward.

Full Name of Participant/Parent or Guardian

Signature

Date (dd/mm/yyyy)

/ /

Full Name of Participant/Parent or Guardian

Signature

Date (dd/mm/yyyy)

/ /