



# ITF ENGLAND

## INTERNATIONAL TAEKWON-DO FEDERATION OF ENGLAND MEDICAL DETAILS

### In Case of Emergencies

We require you to **complete** the form below in **BLOCK CAPITALS**:

Competitors Name: \_\_\_\_\_

Parent/Guardian Surname: \_\_\_\_\_ Mr / Mrs / Miss  
*(If different from above)*

1<sup>st</sup> Emergency contact Tel No: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Emergency contact Tel No: \_\_\_\_\_ Relationship \_\_\_\_\_

Please indicate if you have any allergies i.e. Nut, Penicillin:

Do you suffer from Asthma:  *(tick for YES)* Do you have an inhaler:  *(tick for YES)*

Have you been immunised in the past 10 years against: *(tick for YES)*

Tetanus:  Polio:  Diphtheria:

Are there any further medical conditions we need to be made aware of, including dental, or eyesight problems  *(tick for YES)* If Yes, please give details below:

Are you allergic to Anaesthetic:  *(tick for YES)*

Competitors Signature: \_\_\_\_\_

Parent / Guardian Signed: \_\_\_\_\_  
*(For Competitors Under 16). Please also print name*