



**SPECIAL EVENT / ACTIVITY
CONSENT FORM**

European Tang Soo Do Federation

Ref No: ETSDF-F01

Rev: 01

Date: 10/07/2020

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Part A is to be filled in and handed to the parent or guardian for they can obtain knowledge of what the event is and a contact number

It is advised that parents/guardians make a note of the below details.

PART A (To be completed by The Tang Soo Do Instructor)

1.	Dojang and Instructor	
2.	Activity or Event	
3.	Venue	
4.	Dates	
5.	Person in Charge:	
6.	Contact Telephone Number:	

PART B (To be completed by the Parent/Guardian)

		First	Last
7.	Full name of member:		
8.	Date of birth		
9.	Environmental		

10, PERMISSION

I give my permission for _____ (child's name) to attend and take part in the activities or event named in Part A. I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorize any instructor to sign on my behalf, any written form of consent required by medical authorities.

MEDICAL DETAILS

		Name	Address
11	Name and address of young person's Doctor:		



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12	Doctor's Telephone Number			
13	Details of any infectious disease with which there has been contact within the last three weeks:			
14	Details of medicine/diet/treatment which is being taken/followed (including any medication needed whilst at the event/activity):			
15	Details of known allergies/sensitivities (e.g. penicillin)			
16	My child has/has not* been immunized against tetanus within the last five years. (*circle to the left as appropriate)	Has	Has not	Comment:

PARENT/GUARDIAN CONTACT DETAILS (for use during the event/activity)

		Name	Address
17	Address		
18	Telephone number – Home then Mobile		
19	Alternative Contact (name and telephone):		

20: Photographs

Photographs of activities may be used for publicity purposes (e.g. Newsletter, Local Press, TSD Website, etc). If you would prefer your child not be included in such photographs tick the following box:

21: Activities to be undertaken during the event include: (To be completed by the instructor)

Parent or guardian name:	Signature:	Date:
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