



# ITF WALES

## International Taekwon-Do Federation of Wales Medical Details

*Please complete the form in block capitals in blue or black ink. (Tick boxes if answer is yes)*

### In case of emergencies

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

Parent/Guardian Name: \_\_\_\_\_ Mr/Mrs/Miss

1<sup>st</sup> Emergency contact number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2<sup>nd</sup> Emergency contact number: \_\_\_\_\_ Relationship: \_\_\_\_\_

EHIC (Formerly E111) Number: \_\_\_\_\_ For health cover within EU  
(If you do not have one you can register for one free at this website <http://www.ehic.org/apply.html>)

Please indicate if you have any allergies i.e. nut, penicillin: \_\_\_\_\_

Do you suffer from Asthma: YES/NO

Do you use an inhaler: YES/NO

Have you been immunised in the past 10 years against:

Tetanus: YES/NO

Polio: YES/NO

Diphtheria: YES/NO

Are there any further medical conditions we need to be aware of. (If YES please give details below)

Are you allergic to anaesthetic: YES/NO

Competitor signature: \_\_\_\_\_  
(Parent or guardian if under 18)

All this information will be kept private and not passed onto any commercial enterprises. It will only be used for official purposes where it relates to a member being registered for a tournament and/or travel and accommodation relating to that tournament.