

Girls self defence consent form

Please complete the following details – **ALL FIELDS MUST BE COMPLETED**.

All details you provide are kept confidential and will not be given to others without your permission, unless in an emergency.

|  |  |
| --- | --- |
| Full Name |    |
| Date of birth |    |
| Gender |    |
| Address including postcode |     |
| Mobile number  |    |
| Email  |   |
| Do you have any allergies?  | If yes, please give details:   |
| Do you have any injuries, health concerns or a disability? | If yes, please give details:   |
| Do you have any medical problemse.g. asthma, epilepsy  | If yes, please give details: |
| Are you taking any medication? | If yes, please give details:   |
| Name of emergency contact person |    |
| Relationship  |   |
| Emergency contact phone number  |   |

**\*\*A parent/ guardian must sign if you are under 18\*\***

Signed ….………………………………………………………………

Printed…………………………………………………………………. Date………………………