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| MEDICAL AUTHORISATION ( IN LOCO PARENTIS) FORM |

**Junior International 2017/18**

Fencing Event: *name of JWC* Date: *EVENT DATE*

Country: *Country*

##### **Fencer Details**

Name:......................................................................................................................................................

Nationality:............................................ Date of Birth:.....................................................................

Home Address:........................................................................................................................................

Address during event: *A Hotel, A Street, A Town*

###### **In Loco Parentis authorisation**

I..................................................................being the parent /guardian of the above named fencer hereby authorise the following adult, who has accepted this authority, to act on my behalf with respect to any medical treatment recommended for my child by competent medical authorities.

Signature:.................................................................. Date:..............................................................

Relationship to fencer:………………………………………… Telephone Number:...................................................

###### **Responsible Adult**

Name: *A Team Manager*

Relationship to fencer: *British Fencing Team Manager*

Telephone numbers during event: *TMs phone number*