



Medicines and acceptance note for participation in Nordic Open 2019

Senior

Event Date: Saturday. November 23, 2019

To be completed by instructor
Remember that weight **MUST** be measured. (not told or estimated)
Health Information for (name): _____
Age: ____ Male: Female: Weight: ____Kg Height: ____ Grade: ____

Do you use glasses or contact lenses? No Yes - glasses Yes - contact lenses

If you use medicine for - (Write dose of drug, etc. on the back of this paper)

Allergy? No Yes

Diabetes? No Yes

Asthma? No Yes

Epilepsy? No Yes

Cardiovascular diseases? No Yes

Do you use any medicines in general? No Yes

Have you previously been unconscious? No Yes Date: _____

Do you have any old injury, or do you have a actual injury?
No Yes Which? _____

Do you feel well and healthy? Yes No

Other relevant information / disorders: _____

This information is for medical use on game day. Bandages are not permitted in the first match. All bandages should be approved. Participation at your own risk.

The undersigned agrees with the above and acknowledge their accuracy:

Date: _____ Signature: _____

The undersigned instructor hereby gives my permission to the above listed participating in the aforementioned battle competition on the above date:

Date: _____ Instructor signature: _____