



**BRITISH KENDO
ASSOCIATION**

Appointment to Act In Loco Parentis

March 2018

This form should be completed and signed by the parent or Guardian of the child.

Please complete this form using capital letters.

This form should be given to the person whom you wish to appoint to act in on your behalf in a parental role whilst you are absent, e.g. during BKA events, whom should present it to the event organiser on arrival at the event.

Child's name	
Date of birth	BKA membership number

Name of parent/person with parental responsibility
Relationship to Child
Contact details during period of event Address
Telephone no.

Please give details of anyone else who holds parental responsibility for the child and who may be available to be contacted in an emergency in the event that you cannot be contacted	
Name	
Relationship to child	Telephone no.

I hereby consent to (name)	
acting <i>in loco parentis</i> on my behalf for the child named above,	
from (date)	to (date)
and authorise them specifically to be able to consent to any emergency medical treatment necessary.	
Name	Signature
Date	