



Nintai DoJo, LLC
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Personal Health And Medical Record

Name: _____ Date of birth _____ Sex _____
Height: _____ Weight: _____

Name of parent or guardian _____ Telephone _____

Home address: _____ City: _____ State: _____ Zip: _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name of Health Care provider: _____ Telephone: _____

Personal insurance carrier: _____ Policy No.: _____

Allergies: Food, medicines, insects, plants yes ___ No ___ Explain: _____

Please list all medications taken on a regular basis: _____

GENERAL INFORMATION: Medical conditions: _____

Explain: _____

List any physical or behavioral conditions that may affect or limit full participation in all Karate activities: _____

List equipment needed such as glasses, braces, contact lenses, etc.: _____

I authorize emergency first aide treatment in the event of an injury during training,

Parent/Guardian Signature or student (if 18 or over): _____