



Health & Safety Legislation CONSENT FORM (JUNIORS) Please print clearly

FULL NAME			
ADDRESS		HOME TEL NO.	
		MOBILE	
		D.O.B	
E-MAIL		N.H.S. NUMBER	

PLEASE INDICATE WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY

NAME		RELATIONSHIP	
HOME TEL. NO.		WORK TEL. NO.	
MOBILE		E-MAIL	
ALTERNATIVE MOBILE		RELATIONSHIP	

DOES HE/SHE HAVE ANY SPECIAL MEDICAL PROBLEMS? PLEASE GIVE DETAILS OF ANY MEDICATION USED

CONDITION	YES OR NO	MEDICATION
DIABETIS		
EPILEPSY		
MIGRAINE		
ASTHMA		
HAY FEVER		
SENSITIVITY TO INSECT BITES/STINGS		
IS HE/SHE ALLERGIC TO FOODS SUCH AS NUTS/ SEAFOOD? IF YES, PLEASE SPECIFY		
IS HE/SHE ALLERGIC TO PENICILLIN OR ANY OTHER MEDICINE? IF YES, PLEASE SHOW SUBSTITUTE NORMALLY USED		
IS HE/SHE CURRENTLY RECEIVING ANY MEDICAL TREATMENT? IF YES, PLEASE SPECIFY		
IS HIS/HER TETANUS INJECTION UP TO DATE?		EXPIRY DATE:
PLEASE INDICATE ANY OTHER MEDICAL CONDITIONS OR PROBLEMS YOU FEEL THAT WE SHOULD BE AWARE OF		

DOCTOR		TEL NO.
ADDRESS		

I consent to my son/daughter taking part in the golfing activities under the auspices of the Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise the Club or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any such eventuality every attempt would be made to contact you.)

I consent that my child can travel with a member of the Club's staff or its agents to attend fixtures/events away from their Home Club. I also consent that should my child win any competition, their photo may be published in related sports websites, newspapers or magazines.

PARENT/GUARDIAN'S NAME (PLEASE USE CAPITALS)	
SIGNATURE	
DATE:	