

# PARENTAL CONSENT FORM

<b>Junior Name</b>		
Date of Birth		
Address		
Telephone Number		
<b>Parents' Names</b>		
Address		(If different)
Home Telephone No		
Mobile Telephone No		
Work Telephone No		
<b>Emergency Contacts</b>		
<b>Contact 1 Name</b>		
Relationship to child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
<b>Contact 2 Name</b>		
Relationship to child		
Home Telephone Number		

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Mobile Telephone Number	
Work Telephone Number	

## Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

Does your child experience any conditions requiring medical treatment and/or medication?

**YES**  **NO**

\*If yes please give details, including medication, dose and frequency.

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Does your child have any allergies? **YES**  **NO**

\*If yes please give details.

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Does your child have any specific dietary requirements? **YES**  **NO**

\*If yes please give details.

What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

## Disability

The Equality Act 2010 defines a disabled person as ‘anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities’.

Do you consider your child to have a disability? **YES**  **NO**

\*If yes what is the nature of the disability?

Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her them to communicate with us fully.

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## Consent from Parent/Legal Carer:

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify the Club of any changes to this information.
- I give my consent that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.
- The attached signature will denote that my child has my permission to be on the golf club's premises.
- I acknowledge that the club is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition.
- I agree to my child being transported by club representatives to and from venues when he/she is representing the club.

By signing this document I confirm that I have legal responsibility for

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I am entitled to give this consent and I am aware of how the information I have provided may be used.

<b>Signed – Parent/Carer:</b>	
<b>Print name:</b>	
<b>Date:</b>	