



Midlands South Handicap Stableford Event
JUNIOR COMPETITION- Staverton Park Golf Club
PARENTAL MEDICAL CONSENT FORM 2012

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

Name of Girl:		Date of birth:
Address:		
Post code:		
Email Address:		
Telephone No's	Home:	Mobile:
Contact Details	Parent/ Guardian	Alternative Emergency Contact
Address: (If different to above)		
Home Tel no:		
Mobile Tel no:		
Work Tel no:		
Email address:		

Medical Information

Girl's NHS Number:		Date of last tetanus injection:
Doctors Name:		
Doctors Tel No:		

Does your child experience any conditions requiring medical treatment or medication, e.g asthma, diabetes, epilepsy, hay fever, migraine? Yes/No
If yes, please give details including medication, dose and frequency:

Does your child have any allergies or specific dietary requirements? Yes/No
If yes, please give details:

Use of Photographs or recorded images:

The event organisers may wish to take photographs or record video images of competitors for publication (e.g. in county or EWGA newsletters/ websites). The event organisers will follow the guidance for the use of images as detailed in the "Guidelines for Safeguarding Children in golf" issued by the Children in Golf Strategy Group.

Declarations:

- I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those detailed above and agree to inform the organisers of any amendments to the details provided above.
- I hereby give permission for the event organisers to give necessary authority on my behalf for any medical or surgical treatment recommended by medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
- I consent to the event organisers photographing/ videoing my child. Yes/No

Signed (Parent/ Guardian): _____

Print Name: _____ Date: _____