



# Portsmouth Golf Club

(Founded 1926)

## Parental Consent Form

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Golf Club \_\_\_\_\_ Handicap: \_\_\_\_\_

Name of Competition: \_\_\_\_\_

The safety and welfare of Juniors in our care is paramount, it is therefore important that Portsmouth Golf Club are aware of any medical conditions or illness, or any medical treatment currently being received. Please indicate below, in confidence, any health related matters, including injuries which you fell may be relevant; including details of any prescribed medicine and dosage; or any special dietary requirements.

Asthma	Yes/No	Fits or Blackouts	Yes/No
Epilepsy	Yes/No	Diabetes	Yes/No
Migraine	Yes/No	Heart Problems	Yes/No
Allergy	Yes/No	Other (Please specify below)	Below

\_\_\_\_\_

I consent to my child participating in the above competition organised by Portsmouth Golf Club

I consent to my child receiving essential medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment.

NHS Number: \_\_\_\_\_ NHS Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Telephone Numbers – Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

There may also be occasions where your child may need to be carried in the vehicle of the club officials i.e. from a remote tee.

I am happy for this to take place: (Sign) \_\_\_\_\_

There may be occasions when, to record a victory or significant event a photograph may be taken of your child for recording or publicity purposes.

I am happy for this to take place; (Sign) \_\_\_\_\_

Portsmouth Golf Club will ensure that the photographs are only used for the intended purpose.

THIS INFORMATION WILL ONLY BE MADE AVAILABLE TO THOSE OFFICIALS WHO NEED IT IN THE EXECUTION OF THEIR DUTIES ON BEHALF OF PORTSMOUTH GOLF CLUB