

KENT COUNTY GOLF UNION

PARENTAL/GUARDIAN CONSENT FORM

EVENT: (Please insert)

Name of Child: _____ **Golf Club:** _____

Date of Birth: _____ **Address:** _____

_____ **Tel. No:** _____

To enable us to care for the best interests of your child, it is important that the Kent County Golf Union are aware of any medical condition, allergy or illness that your child may suffer from, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matter which you think we should be notified of, including details of any prescribed medication and dosage, or special dietary requirements.

My child is in good health and I give consent to him/her participating in the above Kent County Golf Union golf event. I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those detailed above.

I give permission for my child to receive essential medical or surgical treatment, as necessary, when a qualified medical practitioner prescribes such treatment.

MEDICAL – PLEASE PRINT

NHS Number: _____

Child's Doctor's Name: _____ **Tel No:** _____

Surgery Address: _____

CONTACT DETAILS – PLEASE PRINT

Name: _____ **Relationship to Child:** _____

Tel No (Home): _____ **(Work):** _____ **(Mobile):** _____

Signed: _____ **Parent/Guardian** **Date:** _____

I consent to my child being photographed for possible inclusion in newspapers, golfing magazines or websites etc.

YES	NO
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(Please delete as necessary)

NB: IT IS YOUR DUTY TO ADVISE OF ANY CHANGE IN THE INFORMATION GIVEN HERE PRIOR TO THE EVENT – NO INFORMATION ON THIS FORM WILL BE PASSED TO A THIRD PARTY AND WILL BE DESTROYED AFTER THE EVENT.