



NORFOLK COUNTY GOLF UNION JUNIORS

PARENTAL CONSENT FORM

In your child's interests, it is important that the Norfolk County Golf Union Junior Section is aware if he or she suffers from any illness or medical condition, or has any special dietary needs. It is also important that we are able to contact you in the event of an emergency. Could you please, therefore, complete the following sections. The information given will be held in confidence by the NCGU Junior Section and you are asked to ensure that any changes are notified at once.

NAME OF JUNIOR

DATE OF BIRTH

ADDRESS

.....

POST CODE

NAME OF PARENT/GUARDIAN

CONTACT NUMBERS (HOME)

(WORK)

(MOBILE)

Medical Details

Alternative Contact Details

Name

Contact Numbers

(Home)

(Work)

(Mobile)

I consent to my son/daughter receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

His/her NHS number is and his/her registered practitioner is

NAME

TELEPHONE NUMBER

Please state below if your son/daughter is suffering from a medical condition, or is taking regular medication which will affect his/her participation in events organised by the NCGU Junior Section. Details of medication should include dosages and frequency of use. Please indicate if there are any special dietary needs of which we should be aware or of any other circumstances which may relate to the care of your son/daughter.

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Travel

I agree to my son/daughter being transported to events organised by, or representative of, the Norfolk County Golf Union by pre-arranged nominated officials.

Photographs

I agree/disagree to my son/daughter having his/her photograph being taken by the press and for such photographs to appear in newspapers/magazines.

SIGNATURE OF PARENT/GUARDIAN

DATE