



BLACKMOOR GOLF CLUB
Founded 1913

Parental Consent Form

Player's Name: _____ Date of Birth: _____

Address: _____

_____ Post Code: _____

Telephone No: _____ E-mail: _____

Golf Club _____ Handicap _____

Name of Competition: _____

The safety and welfare of Juniors in our care is paramount, it is therefore important that Blackmoor Golf Club are aware of any medical condition or illness, or any medical treatment currently being received.

Please indicate below, in confidence, any health related matters, including injuries which you feel 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) _____	

(Please Specify): _____ (use additional sheets if necessary)

I consent to my child participating in the above competition organised by Blackmoor 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 No: _____

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 one of the club officials i.e. from a remote tee.

I am happy for this to take place _____ (Please sign)

- There may also 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 _____ (Please sign)

Blackmoor 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
BLACKMOOR GOLF CLUB.