EWGA Midlands South Girls' Championship 2010

NORTHAMPTONSHIRE COUNTY GOLF CLUB - 16 AUGUST 2010

Parental Consent Form

The safety and welfare of junior girls 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 nos:	Home:	Mobile:
Contact Details:	**Parent/Guardian**	**Alternative Emergency Contact**
Address: (if different to above)		
Home telephone no:		
Mobile telephone no:		
Work telephone no:		
Email address:		
MEDICAL INFORMATION		
Girl's NHS Number:		Date of last tetanus injection:
Doctor's name:		
Doctor's telephone no:		

Does your child experience any conditions requiring medical treatment and/or medication? Yes ☐ No ☐

If YES, please give details, including medication, dose and frequency:

Does your child have any allergies? 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 Championship competitors for publication (e.g., in County or EWGA newsletters/websites). The event organisers will follow the guidance for the use of images of children as detailed within the "Guidelines for Safeguarding Children in Golf" issued by the Children in Golf Strategy Group.

DECLARATIONS

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above and agree to inform the event organisers of any amendments to the details provided above.
- Being parent/guardian of the above named child, I hereby give permission for the event organisers to give the immediately necessary authority, on my behalf, for any medical or surgical treatment recommended by competent 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:** _____

Competition Organiser: Mrs Sandy Pattenden. 'Two Hoots' 9 owl End Way, Lower Boddington, Daventry, NN11 6YA
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