



Surrey ladies County Golf Association Junior Consent Form 2012

Health & Safety Legislation CONSENT FORM

Please print clearly

| | | | |
|-----------|--|---------------|--|
| FULL NAME | | CLUB | |
| ADDRESS | | HOME TEL NO. | |
| | | MOBILE | |
| | | D.O.B | |
| E-MAIL | | N.H.S. NUMBER | |

PLEASE INDICATE WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY

| | | | |
|--------------------|--|---------------|--|
| NAME | | RELATIONSHIP | |
| HOME TEL. NO. | | WORK TEL. NO. | |
| MOBILE | | E-MAIL | |
| ALTERNATIVE MOBILE | | RELATIONSHIP | |

DOES SHE HAVE ANY SPECIAL MEDICAL PROBLEMS? PLEASE GIVE DETAILS OF ANY MEDICATION USED

| CONDITION | YES OR NO | MEDICATION |
|--|-----------|--------------|
| DIABETES | | |
| EPILEPSY | | |
| MIGRAINE | | |
| ASTHMA | | |
| HAY FEVER | | |
| SENSITIVITY TO INSECT BITES/STINGS | | |
| IS SHE ALLERGIC TO FOODS SUCH AS NUTS/ SEAFOOD? IF YES, PLEASE SPECIFY | | |
| IS SHE ALLERGIC TO PENICILLIN OR ANY OTHER MEDICINE? IF YES, PLEASE SHOW SUBSTITUTE NORMALLY USED | | |
| IS SHE CURRENTLY RECEIVING ANY MEDICAL TREATMENT? IF YES, PLEASE SPECIFY | | |
| IS HER TETANUS INJECTION UP TO DATE? | | EXPIRY DATE: |
| PLEASE INDICATE ANY OTHER MEDICAL CONDITIONS OR PROBLEMS YOU FEEL THAT WE SHOULD BE AWARE OF | | |

| | | |
|---------|--|----------|
| DOCTOR | | TEL. NO. |
| ADDRESS | | |

I consent to my daughter taking part in the golfing activities under the auspices of the SLCGA. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise SLCGA or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any such eventuality every attempt would be made to contact you.)

I consent that my child can travel with a member of the SLCGA staff or its agents to attend fixtures / events away from their Home Club. I also consent that should my child win any competition, their photo may be published in related sports websites, newspapers or magazines.

| | |
|---|--|
| PARENT/GUARDIAN'S NAME (PLEASE USE CAPITALS) | |
| SIGNATURE | |
| DATE: | |