

SUDBURY GOLF CLUB LIMITED**CONSENT FORM (JUNIORS) – SAFEGUARDING AND CHILD PROTECTION**

Name of Child or Young Person:	Date of Birth:
Competition:	Date:
Parent/Guardian's Name(s):	Relationship:
Emergency Telephone Numbers:	
Mobile Number:	Work Number:
Email Address:	

MEDICAL INFORMATION – PLEASE COMPLETE THE INFORMATION REQUIRED BELOW

CONDITION	YES (please tick)	NO (please tick)	MEDICATION
Diabetes			
Epilepsy			
Migrane			
Asthma			
Hay Fever			
Sensitivity to insect bites/stings			
Allergies to foods, e.g. nuts, seafood etc			
Is the child currently receiving any treatment. If yes, please specify			
Are any Tetanus injections up to date? Expiry Date:			

PLEASE INDICATE ANY OTHER MEDICAL CONDITIONS OR DIETARY NEEDS THAT YOU FEEL WE SHOULD BE MADE AWARE OF

Name of GP or Health Professional:	Telephone No:
Address	

I consent to my child taking part in the golfing activities under the auspices of Sudbury Golf Club Limited. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise Sudbury Golf Club Limited 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 the parent or guardian beforehand).

PHOTOGRAPHY/VIDEO PERMISSION

I agree that photographs/videos can be taken during the Junior Open event and for these photographs/videos to be used in a publication or shown in a public place, Yes No (please tick).

Signed (Parent/Guardian):	
Please print name:	Date:

TO BE COMPLETED BY THE CHILD

I agree that photographs/videos can be taken during the Junior Open Event and for these photographs/videos to be used in a publication or shown in a public place, Yes No (please tick).

Signed (Child):	
Please print name:	Date: