

GUILDFORD GOLF CLUB

High Path Road, Merrow, Surrey, GU1 2HL.

Telephone: 01483 563941. E-mail: secretary@guildfordgolfclub.co.uk

JUNIOR OPEN – PARENTAL CONSENT FORM

PLEASE PRINT CLEARLY

Full name		Club	
Date of birth		Home Tel. No.	
Address		Mobile No.	
E-mail		NHS number	

Please indicate who should be contacted in case of an emergency

Name		Relationship	
Home Tel. No.		Work Tel. No.	
Mobile No.		E-mail	

Does he/she have any special medical problems? Please give details of any medication used/carried.

CONDITION	YES or NO	MEDICATION
Diabetes		
Epilepsy		
Migraine		
Asthma		
Hay Fever		
Sensitivity to insects bites/stings		
Do they have any food allergies? (if yes, please specify)		
Do they have any other allergies? (if yes, please specify)		
Is his/her Tetanus injection up to date?		Date:
Please indicate any other medical conditions/problems you feel we should be aware of:		
Please provide Doctors Name, Address and Telephone No.		

I consent to my child taking part in the golfing activities under the auspices of the Guildford Golf Club.

In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise Guildford Golf Club 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).

Parent/Guardians Name (please use capitals)	
Signature	
Date	