

WARWICKSHIRE UNION OF GOLF CLUBS
PARENTAL CONSENT FORM

In the best interests of 'Boys' who wish to participate in the
Warwickshire Union event, it is essential that the Warwickshire Union be aware if such applicants suffer from any illness or medical condition, or are currently receiving medical treatment.

To this end, if the applicant will be under the age of 18 on the date of the competition, we must ask that this form is completed by the parent or guardian. The information provided will be treated in strict confidence.

Name of Applicant :

Address :

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Post Code :

Date of Birth :

Does this applicant suffer from any ailment or illness that the Warwickshire Union should be aware of : (eg. asthma, epilepsy, allergies (eg. to bee or wasp stings, or to penicillin or to eating nuts). Please give details below, including any related medication(s) (ie. name of medication, dosage and frequency of use). Please also provide details of any special dietary needs.

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Please provide the following information about normal medical care for this applicant :

NHS No :

Name of his NHS Doctor :

Address of NHS Doctor :

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Telephone No of NHS Doctor :

I consent to this applicant participating in this Warwickshire Union event, and accept the Rules & Conditions of Entry. I commit that he will be properly equipped to participate in terms of clothing, food, drinks and any necessary additional funds etc. I also consent to him receiving essential medical treatment as and when such treatment is prescribed by a qualified medical practitioner.

Signature : (Parent */ Guardian * – * please delete as appropriate)

Please PRINT the following additional information :

Name of Parent or Guardian :

Contact Telephone No (home) :

(work) :

(Mobile) :

Other EMERGENCY Contact : (ie. Name & Phone No)