

PARENT/GUARDIAN CONSENT FORM

PART 1

Name of Junior:

Date of Birth:

Address:
.....
.....

Post Code:

Name of Parent/Guardian:

Contact Numbers: Home:

Work:

Mobile:

Other:

MEDICAL DETAILS

I consent to my son/daughter receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

His/Her NHS Number is:

His/Her registered practitioner is:

Telephone No:

Details of Medication & Dosage:

Details of any other relevant medical conditions (i.e. diabetic, epileptic)

SIGNATURE OF PARENT/GUARDIAN:

DATE:

PARENT/GUARDIAN CONSENT FORM

PART 2

JUNIOR MEMBER – NAME:

ATTENDANCE AT EVENTS

I agree / disagree that my child attends events organised by Hilton Park Golf Club.

TRAVEL ARRANGEMENTS

I agree / disagree that my child travels in a vehicle with Members of Hilton Park Golf Club or in transport arranged by Members of Hilton Park Golf Club to organised events.

PHOTOGRAPHS

I agree / disagree that photographs may be taken during events and for those photographs to be used as publication, shown in a public place or shown on Club or County web sites.

SIGNATURE OF PARENT / GUARDIAN:

DATE: