

JUNIOR OPEN TOURNAMENT 2010

Parent /Guardian Consent Form

In your child's interest it is important that Haverhill Golf Club is aware if he or she suffers from any illness or medical condition or has any special dietary needs. It is also important that we are able to contact you in an emergency. We ask, therefore, that you please complete the following sections.

Haverhill Golf Club will hold the information given in confidence and you are asked to ensure that any changes are notified to the Golf Club Manager immediately.

Name of junior:..... **Date of birth:**.....

Address:.....

.....**Post code:**.....

Name of Parent/Guardian:.....

Contact numbers **Home:**.....

Work:.....

Mobile:.....

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 GP is:.....

Telephone No:.....

Please state below if your Son/ Daughter is suffering from and medical condition, or is taking regular medication, including dosages and frequency of use, which may affect his/her participation in events run by Haverhill Golf Club. Please indicate if there are any special dietary needs that we should be aware of or any other circumstances which may relate to out care of your Son/Daughter.

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Signature of Parent/Guardian:.....**Date:**.....