

# LINKS GOLF CLUB, NEWMARKET

## PARENT CONSENT FORM

The safety and welfare of boys and girls in our care is paramount. For that reason it is important that the Links 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 the event of an emergency. Could you please, therefore, complete the following sections. The Links Golf Club will hold the information given in strict confidence and you are asked to ensure that any changes are notified at once using the contact information at the foot of the page.

NAME OF JUNIOR. ....

DATE OF BIRTH. ....

MAIN ADDRESS. ....

.....

POSTCODE.....

	CONTACT 1	CONTACT 2
NAME OF PARENT OR GUARDIAN. ....	.....	.....
TEL. (HOME). ....	.....	.....
TEL. (WORK).....	.....	.....
TEL. (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.. .....and His / Her Registered Practitioner is:

NAME ..... TEL. ....

SURGERY ADDRESS. ....

Please state below if your son / daughter is suffering from any medical conditions, has any allergies, or is taking regular medicine which will affect his / her participation in events organised by the Links Golf Club. Details of medication should include dosages, frequency of use and where it would normally be kept (e.g. Golf Bag). Please indicate if there are any special dietary needs of which we should be aware or of any other circumstances which may relate to the care of your son / daughter.

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...Continue overleaf if required

### PHOTOGRAPHY

As part of our responsibility to safeguard the welfare of competitors, permission is sought from parents or guardians for photographs, which may be used in a publication (Junior Newsletter, Local Newspaper, etc.) or may be shown in a public place (Club Noticeboard or Club Website). If you **do not** wish such images to be used please indicate in the space above and every effort will be made to comply with your preference.

SIGNATURE OF PARENT / GUARDIAN. .... DATE. ....

Links Golf Club, Cambridge Road, Newmarket, Suffolk CB8 0TG Tel: 01638 663000 Fax: 01638 661476  
Email: linksgc@btconnect.com