

**HAMPSHIRE LADIES COUNTY GOLF ASSOCIATION**  
www.HLCGA.com

**PARENTAL CONSENT FORM (UNDER 18)**

***The safety and welfare of children in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.***

***It is the responsibility of the junior and their parent/guardian to notify the Junior Organiser if any of the details change at any time.***

<b>Name Of Child</b>	
<i>Date of Birth</i>	
<i>Address</i>	
<i>Telephone Number</i>	

<b>Parents' Names</b>	<b>Father</b>	<b>Mother</b>
<i>Address</i>		<i>(If different)</i>
<i>Home Telephone No</i>		
<i>Mobile Telephone No</i>		
<i>Work Telephone No</i>		

<b>Emergency Contacts</b>	
<b>Contact 1 Name</b>	
<i>Relationship to child</i>	
<i>Home Telephone Number</i>	
<i>Mobile Telephone Number</i>	
<i>Work Telephone Number</i>	

<b>Contact 2 Name</b>	
<i>Relationship to child</i>	
<i>Home Telephone Number</i>	
<i>Mobile Telephone Number</i>	
<i>Work Telephone Number</i>	

**Medical Information**

<i>Child's Doctor's name</i>	
<i>Doctor's Surgery Address</i>	
<i>Telephone Number</i>	

2. Does your child experience any conditions requiring medical treatment and/or medication?

\*Yes                       No                       If yes please give details, including medication, dose and frequency.

3. Does your child have any allergies?

\*Yes                       No                       \*If yes please give details.

4. Does your child have any specific dietary requirements?

\*Yes                       No                       \*If yes please give details.

5. What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

## Disability

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'

Do you consider your son/daughter to have a disability? \*Yes  No

\*If yes what is the nature of your disability?

- Visual impairment     Hearing impairment     Physical disability
- Learning disability     Multiple disabilities
- Other (Please specify):

6. Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.

**I confirm to the best of my knowledge that my daughter does not suffer from any medical condition other than those detailed above.**

**I agree to notify the Junior Organiser should the above details need to be updated/changed and if my daughter should not be participating in an event/activity due to illness or injury.**

**I, ....., being parent/guardian of the above-named child, hereby give permission for the HLCGA responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.**

**I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition.**

**I also agree to my child being transported by HLCGA representatives when she is attending fixtures, events, coaching or for medical treatment.**

<b>Signed – Parent/Guardian</b>	
<b>Print name</b>	
<b>Date</b>	