

ESSEX LADIES' COUNTY GOLF ASSOCIATION

PARENTAL CONSENT FORM 2010

PART 1 – MEDICAL

NAME OF GIRL		
ADDRESS		
Telephone number:	Date of Birth	
The safety and welfare of girls in our care is paramount, and it is therefore important that we are aware of any illnesses, 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		
Girl's NHS Number:		
Name of Girl's Doctor:		
Doctor's Address:		
Doctor's Telephone No:	My daughter is in good health?	Yes / No
Does your daughter suffer from asthma, diabetes, epilepsy, hay fever, migraine or other illness?		Yes / No
If Yes, please give details:		
Is your daughter allergic to anything (e.g. antibiotics, aspirin, or other medicine, food ,etc)?		Yes / No
If Yes, please give details:		
What was the date of your daughter's last tetanus injection?		
In the unlikely event of my daughter requiring medical treatment due to accident or illness, I consent to my daughter receiving essential treatment, as necessary, when prescribed by a qualified medical practitioner.		
It is the parents' responsibility to notify any changes in medical circumstances throughout the year to the County Junior Organiser		
Signed (Parent/Guardian)		
Name of parent/guardian		
Home Telephone		
Work Telephone		
Mobile/Other		
In any such event, every effort will be made to contact you. However, please provide the details of an alternative person we may contact, should we be unable to make contact with you.		
Name:		
Address		
Telephone		
Please advise us of any amendments to these details		