

ESSEX LADIES' COUNTY GOLF ASSOCIATION

PARENTAL CONSENT FORM 2012

PART 1 - MEDICAL

NAME of Daughter		
ADDRESS:		
Telephone Number:	Date of Birth:	
<p>The safety and welfare of girls in our care is paramount, 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.</p>		
Daughter'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?		
<p>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.</p>		
Signed (Parent/Guardian)		
Name of Parent/Guardian		
Home Telephone		
Work Telephone		
Mobile / Other		
<p>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.</p>		
Name		
Address		
Telephone		
Please advise us of any amendments to these details		

PART 2 OF PARENTAL CONSENT FORM 2012 - PHOTOGRAPHIC AND VIDEO

To comply with the Children's Act, the Essex Ladies' Golf Association has been advised that Parental Permission must be sought for any photographs or videos of girls which:

- * Are used in a publication, e.g. a local newspaper, golf magazines, etc.
- * Shown in a public place, eg. Golf Club notice boards
- * Are used on the Association's website - www.essexladiesgolf.org
- * Are used for the purposes of training

NAME OF GIRL	
ADDRESS	As shown overleaf
GOLF CLUB	

I agree/disagree that photographs and videos can be taken during ELCGA events and for these photographs and videos to be used in a publication, shown in a public place or shown on the Association's website.

If at any time either the parent or guardian wishes the data to be removed from the website, 7 days notice must be given to the County Welfare Officer after which the data will be removed.

Name of Parent/Guardian	
Relationship	
Address	
Signed	
Date	

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