



**DURHAM COUNTY GOLF UNION
PARENTAL CONSENT FORM**

Competitors Name, Address, D.O.B. & Contact Tel No. : (Please print)

Name:

Address:

.....

..... D.O.B:.....

Emergency Contact name: Number

In establishing a duty of care for your son it is important the Durham County Golf Union know whether he suffers from any medical condition or illness for which he is currently receiving medical treatment or medication of any kind.

Please indicate below any health related matters, including injuries, details of any allergies, prescribed medicine and dosage or of any special dietary requirements which you think it is best we know about. Any information given will be treated in the strictest of confidence however please be aware that this information will be passed on to the Medical Emergency services should the need arise.

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Name of Competitors Doctor:

Doctors' Practice Tel. Number:

I,, being parent/guardian of the above named child, hereby give permission for my son to play in DCGU events and represent the DCGU in matches.

I also give the DCGU representative responsible for such events 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 son's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

IN THE EVENT OF ANY CHANGES TO THE ABOVE INFORMATION, PLEASE NOTIFY, THE COUNTY SECRETARY IMMEDIATELY:

Telephone: 07444 906028

Please help us safeguard your children

I consent to him/her participating in events and activities organised by the Durham County Golf Union and I am aware of the DCGU Child Protection Policy.

Signature of Parent / Guardian / Responsible person:

Date:

PLEASE NOTE: THIS FORM MUST BE COMPLETED AND RETURNED TOGETHER WITH THE COMPETITION ENTRY FORM TO THE COUNTY SECRETARY. FAILURE TO DO SO WILL RESULT IN NON ACCEPTANCE OF ENTRY INTO THE COMPETITION