



## Somerset Ladies County Golf Association

### Parental Medical and Photographic Consent Form

Please complete this form. The information will be treated as confidential. It is the responsibility of the parent to notify the organiser if any of the details change.

Girls Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact number \_\_\_\_\_

Alternative person who may be contacted \_\_\_\_\_

Doctor's name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Please indicate below, in confidence, any health related matters, including any allergies, injuries of any kind, details of any prescribed medicine and dosage or any special dietary requirements. Continue overleaf if necessary

Date of last Tetanus injection \_\_\_\_\_

#### Parent Guardian Consent

- I confirm that the information is correct and I will notify the organiser of any changes.
- In the event of an injury or illness I authorise the organisers to obtain on my behalf such medical assistance as my child may require.
- I acknowledge that England Golf is not responsible for providing adult supervision for my child
- I agree to allow the organisers to take photographs which may be used to promote girls' golf.

**NB to take photos on the day you will need to register your intent at the entry desk**

**Signed Parent/Guardian):** \_\_\_\_\_

**Date** \_\_\_\_\_

#### Girls Photograph Consent

- I agree to allow the organisers to take photographs which may be used to promote girls' golf.

**Signed Player** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please send this consent form with the entry form , (contact details on entry form).**