

# PARENT/GUARDIAN CONSENT FORM

## PART 1

Name of Junior: .....

Date of Birth: .....

Address: .....  
.....  
.....

Post Code: .....

Name of Parent/Guardian: .....

Contact Numbers: Home: .....

Work: .....

Mobile: .....

Other: .....

### MEDICAL DETAILS

I consent to my son/daughter receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

His/Her NHS Number is: .....

His/Her registered practitioner is: .....

Telephone No: .....

Details of Medication & Dosage: .....

Details of any other relevant medical conditions (i.e. diabetic, epileptic) .....

SIGNATURE OF PARENT/GUARDIAN: .....

DATE: .....

# PARENT/GUARDIAN CONSENT FORM

## PART 2

JUNIOR MEMBER – NAME: .....

### ATTENDANCE AT EVENTS

I agree / disagree that my child attends events organised by Hilton Park Golf Club.

### TRAVEL ARRANGEMENTS

I agree / disagree that my child travels in a vehicle with Members of Hilton Park Golf Club or in transport arranged by Members of Hilton Park Golf Club to organised events.

### PHOTOGRAPHS

I agree / disagree that photographs may be taken during events and for those photographs to be used as publication, shown in a public place or shown on Club or County web sites.

SIGNATURE OF PARENT / GUARDIAN: .....

DATE: .....