

## **PARENTAL CONSENT FORM**

## THIS FORM MUST ACCOMPANY ALL JUNIOR APPLICATION FORMS

In your child's interest it is important that Peterborough Milton Golf Club is aware if he or she suffers from any illness or medical condition, or has any special dietary needs. It is also important that we are able to contact you in the event of an emergency. Could you therefore please complete the following sections? The information given will be held in confidence (locked in a drawer or cabinet) by the assigned Child Protection Officer of Peterborough Milton Golf Club. You are asked to ensure that any changes are notified at once.

NAME OF JUNIOR	DATE OF BIRTH
ADDRESS	
NAME OF PARENT/GUARDIA	N
CONTACT NUMBERS HOM	1EMOBILE
EMAIL ADDRESS	
medical practitioner may be Child's NHS number is	r receiving medial treatment, emergency or otherwise, which in the opinion of a qualified necessaryDoctor's Name & Address
Please state below if your so medication which will affect medication should include do should be aware of or any ot	n/daughter is suffering from a medical condition, including any allergies or is taking regular his/her participation in events organised by Peterborough Milton Golf Club. Details of osages and frequency of use. Please indicate if there are any special dietary needs that we her circumstances which may relate to the care of your son/daughter.
DISABILITY Please state below if your so	n/daughter has a disability which you feel we should be aware
•	The ing transported to and from golf related venues by persons authorised by the Junior cition Officer of Peterborough Milton Golf Club.
Protection Officer of Peterbo	AGE CONSENT  If being photographed or videoed by persons authorised by the Junior Organiser or the Child brough Milton Golf Club. Video images will be used solely for the purposes of tuition.  I be used for internal Club publications, display, social media and press reports.
•	Please note in completing and signing this form you are providing us will your permission to ch will use for Golf Club Membership purposes only and will share only with the businesses and Membership software.
SIGNATURE OF PARENT/GUA	ARDIAN
DATE	