

2014 JUNIOR PROFILE & PARENTAL CONSENT FORM (3 Pages)

For use by Devon County Golf Union
Devon County Ladies Golf Association
Devon Golf Partnership

Or for use byGolf Club

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential. It is the responsibility of the junior or their parent to notify the DCGU County Welfare Officer if any of the details change at any time (01822 610640 or info@devongolfunion.org.uk). Format approved by England Golf.

Junior's Forename & Surname	
Home Club, CDH Number & HandicapGC. CDH No.....Hcp.....	
Date of Birth		
Address & Post Code	Post Code.....	
Telephone Number		
Email Address		
Names of Parents/Guardians		
Address		(If different from above)
Home Telephone No		
Mobile Telephone No		
Work Telephone No		
Emergency Contacts		
Contact 1 Name		
Relationship to child		
Home Telephone No.		
Mobile Telephone No.		
Work Telephone No.		

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Contact 2 Name	
Relationship to child	
Home Telephone No.	
Mobile Telephone No.	
Work Telephone No.	

Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

Does your child experience any conditions requiring medical treatment and/or medication?

YES **NO** *If yes please give details, including medication, dose and frequency.

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Does your child have any allergies? **YES** **NO** *If yes please give details.

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Does your child have any specific dietary requirements? **YES** **NO** *If yes please give details.

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What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

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Disability

The Equality Act 2010 defines a disabled person as ‘anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities’.

1. Do you consider your child to have a disability? **YES** **NO**

*If yes what is the nature of the disability?

2. Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her them to communicate with us fully.

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify the County/Club of any changes.
- I,, being parent/guardian of the above named child, hereby give permission for the County Union responsible person 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 child’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.
- The attached signature will denote that my child has my permission to be on the golf club’s premises. (Please tick the box if agreed)
- I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition. (Please tick the box if agreed)
- I also agree to my child being transported by club representatives to and from venues when he/she is representing the golf club.(Please tick the box if agreed)

Signed – Parent/Guardian	
Print name	
Email Address	
Date	