



Driffield Golf Club
Sunderlandwick
Beverley Road
Driffield
East Yorkshire
YO25 9AD

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email: info@driffieldgolfclub.co.uk

PARENTAL CONSENT FORM

Name: _____

Address: _____

Post Code: _____ Date Of Birth: _____

Telephone Number: _____

In caring for the best interests of your son/daughter it is important that we know whether he/she suffers from any medical condition or illness, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matters, including injuries of any kind, which you think it is best we know about, including any details of any prescribed medicine and dosage or of any special dietary requirements.

My son/daughter is in good health and i consent to he/she participating in events and activities organised by the golf club.

I consent to my son/daughter receiving essential medical treatment, as necessary, when the treatment is prescribed by a qualified medial practioner

NHS Number: _____ NHS Doctor is: _____

Address: _____

Post Code: _____ Telephone Number: _____

Name of Parent or Guardian: _____

Telephone Number: _____ (Home) _____ (Work)

IN THE EVENT OF ANY CHANGES TO THE ABOVE INFORMATION, PLEASE NOTIFY THE CLUB JUNIOR ORGANISER IMMEDIATELY

Signature: _____ Date: _____