



## BURY St EDMUNDS GOLF CLUB

### Parent Consent Form

In your child's interest it is important that Bury St Edmunds Golf Club are aware if he or she suffers from any illness or medical condition, or has any special dietary needs. It is 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 by Bury St Edmunds Golf Club. You are asked to ensure that any changes are notified at once.

Name of Junior..... Date of Birth .....

Address .....

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..... Postcode .....

Name of Parent/Guardian .....

Parent/Guardian Email address .....

#### Emergency Contacts

**Contact 1-** Name ..... Home Tel No .....

Mobile Tel No ..... Work Tel No .....

**Contact 2** –Name ..... Home Tel No .....

Mobile Tel No ..... Work Tel No .....

#### Medical Details

I consent to my child receiving medical treatment which in the opinion of a qualified Medical Practitioner may be necessary.

Their NHS number is ..... and their registered practitioner is:

Name ..... Tel No .....

Please state below if your child is suffering from a medical condition, or is taking regular medication which will affect their participation in events organised by Bury St Edmunds Golf Club. Details of medication should include dosages and frequency of use. Please indicate if there are any special dietary needs that we should be aware of or any other circumstances which may relate to our care of your child.

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#### Use of Photographs and Recorded Images

I consent to Bury St Edmunds Golf Club photographing or videoing my child under the stated rules and conditions.

Signature of Parent/Guardian ..... Date .....

Tut Hill, Bury St Edmunds, Suffolk IP28 6LG

Telephone: 01284 755979 Fax: 01284 763288

Email: [secretary@burygolf.co.uk](mailto:secretary@burygolf.co.uk) - [assistant@burygolf.co.uk](mailto:assistant@burygolf.co.uk)

Website: [www.burystedmundsgolfclub.co.uk](http://www.burystedmundsgolfclub.co.uk)

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