



PARENTAL MEDICAL AND PHOTOGRAPHIC CONSENT FORM

Please complete this form for anyone under 18. The information will be treated as confidential.
It is the responsibility of the parent/guardian to notify the organiser if any of the details change

Girl's Name: _____ Date of Birth: _____ Age: _____

Address: _____

_____ Postcode: _____

Tel: _____ Mobile: _____ email: _____

Parent/Guardian Name: _____ Contact No: _____

Or alternative person who can be contacted in an emergency

Doctor's Name: _____ Doctor's Phone No: _____

Doctor's address: _____

Please indicate below, in confidence, any health-related matters, including any allergies, injuries of any kind, details of prescribed medication and dosage, or any special dietary requirements. Continue overleaf if necessary.

Date of last Tetanus injection: _____

Parent / Guardian Consent

- I confirm that the information is correct and I will notify the organiser of any changes.
- In the event of any injury or illness I authorise the organisers to obtain on my behalf such medical assistance as my child may require
- I acknowledge that England Golf is not responsible for providing adult supervision for my child.
- I agree to allow the organisers to take photographs which may be used to promote girls' golf.

Signed Parent/Guardian: _____ Date: _____

Girls Photograph Consent

- I agree to allow the organisers to take photographs which may be used to promote girls' golf.

Signed Player: _____ Date: _____

Competitors Code of Conduct

- Please sign below to say that you have read and understood the current EG Code of Practice

Signed Junior Girl: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____