



# Parental Consent Form

Photography & Medical Records

Junior Member

Please return this form to: Alan Sigee, DDGC, Whipsnade Road, Dunstable

Player's Name::			
Address			
Post Code		Date of Birth	
Tel No: Home		Tel No: Mobile	
e-mail: Home		Email: Work	
Name of Parent / Guardian	M	F	
Close Relative / Friend	Name	Contact #	

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 any other relevant health details in order that their best interests are addressed. Please indicate below, in confidence, any health related matters, including injuries, which you feel may be relevant; including details of any prescribed medicine and dosage; or any special dietary requirements.

Asthma	Yes / No	Fits or Blackouts	Yes / No
Epilepsy	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Heart Problems	Yes/ No
Migraine	Yes / No		
Address of Doctor:			
Doctor's Phone No:			

Does your Son/Daughter have any allergies to?

Antibiotics	Yes / No	Aspirin	Yes / No
Other Medicine	Yes / No	Shellfish	Yes / No
Nuts	Yes / No	Other	Yes / No

I consent to my son / daughter participating in events and coaching/training activities organised by DDGC. I consent to my son / daughter receiving essential medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment.

Signature:	Date
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There may also be occasions where your son / daughter may need to be carried in the vehicle of one of the club officials e.g. to a match, to a remote tee on the course or for medical treatment. I am happy for this to take place.

Signature:	Date
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There may also be occasions when, to record a victory or event a photograph may be taken of your son / daughter for recording or publicity purposes either in the local newspaper or the DDGC web site. DDGC will ensure that the photographs are only used for the intended purpose. I am happy for this to take place

Signature:	Date
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