

**ROYAL BLACKHEATH GOLF CLUB – BOYS MEDAL 2010**  
**KENT JUNIOR ORDER OF MERIT EVENT**  
**PARENTAL/GUARDIAN CONSENT FORM**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

To enable us to care for the best interests of your child, it is important that Royal Blackheath Golf Club are aware of any medical condition, allergy or illness that your child may suffer from, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matter which you think we should be notified of, including details of any prescribed medication and dosage, or special dietary requirements \_\_\_\_\_

\_\_\_\_\_  
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My child is in good health and I give consent to him/her participating in this golf event. I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those detailed above.

I give permission for my child to receive essential medical or surgical treatment, as necessary, when a qualified medical practitioner prescribes such treatment.

**MEDICAL – PLEASE PRINT**

Child's Doctor's Name \_\_\_\_\_ Tel No \_\_\_\_\_

Surgery Address \_\_\_\_\_

**Name of parent/guardian** \_\_\_\_\_

**EMERGENCY CONTACT DETAILS – PLEASE PRINT**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Tel No (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**ALTERNATIVE EMERGENCY CONTACT – PLEASE PRINT**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Tel No (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Signed** \_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_

I consent to my child being photographed for possible inclusion in newspaper or golfing magazines etc **Yes/No** (Please delete as necessary)

NB IT IS YOUR DUTY TO ADVISE OF ANY CHANGE IN THE INFORMATION GIVEN HERE PRIOR TO THE BOY'S MEDAL – NO INFORMATION ON THIS FORM WILL BE PASSED TO A THIRD PARTY AND WILL BE DESTROYED AFTER THE EVENT.