

FELIXSTOWE FERRY

GOLF CLUB - JUNIORS OPEN DAY

PARENT CONSENT FORM

In your child's interest, it is important that Felixstowe Ferry Golf Club is aware if he or she suffers from any illness or medical condition, or has any special dietary needs. It is also important that we are able to contact you in the event of an emergency.

Could you, therefore, please complete this form and return it to me - Wendy Wootton - with your Entry Form. The information given will be treated confidentially by the Club.

Full name of Junior

Date of Birth

Permanent Address

Telephone Number

Name of Parent/Guardian

Contact Numbers:

Home

Work

Mobile

Medical Details - I consent to my son/daughter receiving medical treatment which, in the opinion of a qualified Medical Practitioner, may be necessary.

His/Her N.H.S. number is:

Registered Practitioner is

Telephone Number

Please state below if your son/daughter is suffering from any medical condition, or is taking regular medication which will effect his/her participation in events which take place at or are organised by the Club. Details of medication should include dosages and frequency of use. Please indicate if there are any special dietary needs that the Club should be aware of, or any other circumstances which may relate to the Club's care of your son/daughter.

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Signed:
Parent/Guardian

Date: