



Parental Consent Form

The Welfare Officer is David Blackmore: safeguarding@tenbygolf.co.uk

It is the responsibility of the junior and their parent to notify the Welfare Officer (CWO) or Tenby Golf Club Secretary if any of the details change at any time.

(Please complete with black pen)

Junior's Details:

Name	
Date of Birth	
Address	
Telephone Number	

To include details of all those with Parental Responsibility for the Child

Parent/Carer Details:

Names		
Address (if different)		
Home Telephone No		
Mobile Telephone No		
Work Telephone No		
Email Address		

Emergency Information:

Contact 1 Name	
Relationship to child	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	
Contact 2 Name	
Relationship to child	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	

Medical Information:

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

Does your child experience any conditions requiring medical treatment and/or medication?
YES **NO**

*If yes please give details, including medication, dose and frequency.

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Does your child have any allergies? **YES** **NO**

*If yes please give details.

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Does your child have any specific dietary requirements? **YES** **NO**

*If yes please give details.

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What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks

Disability

The Equality Act 2010 defines a disabled person as ‘anyone with a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities’.

Do you consider your child to have a disability? **YES** **NO**

*If yes what is the nature of the disability?

Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia/neurodiversity? If yes, please tell us what we need to do to enable them to feel comfortable, supported and able to communicate effectively.

Consent from Parent/Legal Carer:

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify Tenby Golf Club of any changes to this information.
- I give my consent that in an emergency situation, the Club may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.
- The attached signature will denote that my child has my permission to be on Tenby Golf Club’s premises.
- I acknowledge that the Club is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition.
- I agree to my child being transported by Club representatives to and from venues when he/she is representing it.

By signing this document I confirm I have read, understood and agree with the content of this document and that I have legal responsibility for;

I am entitled to give this consent and I am aware of how the information I have provided may be used.

Signed – Parent/Carer	
Print name	
Date	