

**CORNWALL GOLF UNION
PARENTAL CONSENT FORM**

Name of child:

Address:

.....

..... Postal Code:

Telephone number: Date of birth:

In caring for the best interests of your son it is important the Cornwall Golf Union know whether he suffers from any medical condition or illness, or whether he is currently receiving medical treatment of any kind.

Please indicate below, in confidence any health related matters, which you think it is best we know about, including the details of any prescribed dosage or special dietary needs. If 'NONE' please write 'NONE' in the space below (Continue overleaf if needs be)

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My son is in good health and I consent to him participating in Cornwall Golf Union activities.

I consent to my son receiving essential medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment. I undertake to notify the Secretary of Cornwall Golf Union of any changes.

TRAVEL (Please delete as appropriate)

I agree/disagree to my son being transported to events organised by, or, by any official representative of, the CGU by pre-arranged nominated officials.

PHOTOGRAPHS (Please delete as appropriate)

I agree/disagree to my son having his photograph being taken by the CGU Official Photographers and for any such pictures to appear on the CGU website or for these to be used in CGU approved Press Releases.

NHS number:

His NHS doctor is:

Address:

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Post code: Telephone number:

Name of parent or guardian:

Telephone number: Home: Work:

Signature: Date:.....

Please Return to: The Secretary, 3 Clemens Close, Newquay, TR7 2SG