



**Driffield Golf Club**  
Sunderlandwick  
Beverley Road  
Driffield  
East Yorkshire  
YO25 9AD

**Telephone:** 01377 253116  
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## PARENTAL CONSENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In caring for the best interests of your son/daughter it is important that we know whether he/she suffers from any medical condition or illness, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matters, including injuries of any kind, which you think it is best we know about, including any details of any prescribed medicine and dosage or of any special dietary requirements.

**My son/daughter is in good health and i consent to he/she participating in events and activities organised by the golf club.**

I consent to my son/daughter receiving essential medical treatment, as necessary, when the treatment is prescribed by a qualified medical practitioner

NHS Number: \_\_\_\_\_ NHS Doctor is: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

**IN THE EVENT OF ANY CHANGES TO THE ABOVE INFORMATION, PLEASE NOTIFY THE CLUB JUNIOR ORGANISER IMMEDIATELY**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_