



HAM MANOR
GOLF CLUB

Parent/Guardian's Medical Consent form
To accompany all junior competition entries at Ham Manor

Name of Child	
Date of Birth	
Address	

The safety and welfare of junior golfers in our care is paramount and it is important that we know details concerning their general state of health and their Doctor. Accordingly, we ask you to complete this form with our assurance that the information given will be treated as confidential.

NHS No.	
Name of Doctor	
Doctor Phone No.	

Does your child suffer from asthma, diabetes, epilepsy, hay fever, migraine or other illness?
Y / N If yes please give details

Is your child allergic to anything, elastoplasts, aspirin, nuts or other food?
Y / N If yes please give details

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Ham Manor Golf Club

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Ham Manor Golf Club Limited
Registered in England & Wales
Company Registration No. 00745604
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Parent/Guardian's Medical Consent form (page 2)

In the unlikely event of my child requiring emergency medical, hospital or dental treatment due to an illness or accident, I hereby authorize the Secretary or a Director of Ham Manor Golf Club to sign on my behalf any written form of consent required by the hospital or dental authority, if a delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon.

Signed

_____ Parent/Guardian

Date

In such an event every effort would be made to contact you and we ask that your contact numbers be inserted for the person you would like us to try and contact.

Contact 1 Name	
Home Number	
Work Number	
Mobile Number	

Contact 2 Name	
Home Number	
Work Number	
Mobile Number	