



Sussex County Ladies Golf Association

Parental/Guardian's Medical Consent Form

Please return completed form to **Sue Todd, Oak Cottage, Friars Gate, Crowborough, TN6 1XF.**

Name of girl
Address:

Date of Birth

Parent/Guardian's Name
Tel No – Home
E-mail address

Mobile No

What Golf Club/s do you belong to?

Child's Doctor's name and contact details

Name
Tel No

Does your child experience any conditions requiring medical treatment and/or medication? Yes/No. If yes give details:

Does your child have any allergies? Yes/No. If yes give details:

Does your child have any specific dietary requirements? Yes/No. If yes give details:

Please provide any further information that you feel is appropriate.

I confirm to the best of my knowledge that my daughter does not suffer from any medical condition other than those detailed above.

I _____ being parent/guardian of the above named child hereby give permission for the Junior Organiser/PGA Professional/Club Official to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed – Parent/Guardian:

Print Name:
Date: