

# **SAFEGUARDING AND CHILD PROTECTION**

Dear Parent / Guardian,

**Emergency First Aid / Medical treatment.**  
**Please complete this form after completing the entry form overleaf**

Should your child suffer an injury or become ill whilst playing golf it may not always be possible to contact you. Should you not be available to give your consent at the time and wish East Berkshire Golf Club Limited to provide First Aid, or seek emergency treatment, please complete the authorisation below and return it to the Secretary of East Berkshire Golf Club along with the Junior Stag Entry Form.

**Parent / Guardian Authorisation:**

Name of Child or Young Person .....

Date of Birth ..... NHS Number .....

Doctors Name ..... Telephone No: .....

Doctors Address: .....

.....

\* My child is under 16 years of age and I authorise East Berkshire Golf Club Limited to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital, or other medical centre, if necessary.

\* My child is 16 years of age or over and I acknowledge that he / she has the right to decide for himself / herself on the treatment to be received or the need to attend a hospital or medical centre.

In the event of any medical attention being administered, I understand that East Berkshire Golf Club Limited will inform me of the action/s taken.

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

If YES then please give details, including medication, dose and frequency:-

.....

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

If YES then please give details:-

.....

Does your child have any special dietary requirements? **YES / NO**

If YES then please give details:-

.....

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

Please give details:-

.....

Please now record any medications which are **NOT to be administered:-**

.....

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

**I, ..... being the parent / guardian of the above named child, hereby give permission for the Golf Club's "responsible person" to give the immediate necessary authority on my behalf, for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.**

Signed (Parent / Guardian):- ..... Date:- .....

Print Name.....

Tel No (Home) ..... Work:- ..... Mobile:- .....

\* Delete as necessary.