

# BERKS BUCKS & OXON UNION OF GOLF CLUBS

## CHILD PROTECTION

Dear Parent/Guardian,

### Emergency First Aid / Medical Treatment

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 The Berks Bucks & Oxon Union of Golf Clubs to provide First Aid or seek emergency treatment, please complete the authorisation below and return it to the County Secretary.

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#### Parent/Guardian Authorisation

Name of Child or Young Person: .....

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

Doctor's Name: ..... Surgery Telephone No: .....

Surgery address: .....

\*My child is under 16 years of age. I authorise The Berks Bucks & Oxon Union of Golf Clubs to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre, where necessary.

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

In the event of any medical attention being administered, I understand that The Berks Bucks & Oxon Union of Golf Clubs will inform me of the action taken.

My child suffers from the following allergies / conditions:

Asthma	Yes / No	Fits or Blackouts	Yes / No
Epilepsy	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Heart Problems	Yes/ No
Migraine	Yes / No		

Please record below allergies, other medical conditions or any medication prescribed for your child

.....  
.....  
.....

Also record medication **not** to be administered:

.....  
.....

Signature of Parent/Guardian:..... Date.....

Name: (Print) .....

Telephone Numbers: Home..... Work..... Mobile.....

Email address: .....

\* **Delete as necessary**

**PARENTAL CONSENT FOR COACHING AND TUITION**

In accordance with our Child Protection Policy your child cannot be coached or taught by The Berks Bucks & Oxon Union of Golf Clubs professional staff or volunteers without the consent of their Parents or Guardians.

Please note that if the completed consent form is not returned to the County Union, your child cannot be coached or taught by The Berks Bucks & Oxon Union of Golf Clubs professional staff or volunteers.

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**FORM OF CONSENT**

I consent / do not consent\* for:.....

to receive golf coaching and mentoring by adult coaches and volunteers of The Berks Bucks & Oxon Union of Golf Clubs

Signature of Parent/Guardian:.....Date:.....

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**PARENTAL CONSENT FOR THE USE OF PHOTOGRAPHS OR VIDEO.**

In accordance with our Child Protection Policy we will not permit photographs, video or other images of children and young people to be taken without the consent of their Parents or Guardians.

The Berks Bucks & Oxon Union of Golf Clubs will take all necessary measures to ensure these images are used solely for the purposes they are intended.

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**FORM OF CONSENT**

I consent / do not consent \* to The Berks Bucks & Oxon Union of Golf Clubs coaches and volunteers taking photographs or recording video images of:

Name of Child:.....

for the purposes of golf coaching and associated activities including publication in our newsletters and website.

Signature of Parent/Guardian:.....Date:.....

\* Delete as necessary

## **TRANSPORT OF JUNIORS TO AWAY MATCHES**

There may be occasions where junior players of The Berks Bucks & Oxon Union of Golf Clubs will travel to other golf courses to take part in competitions or tournaments. Where a Parent/Guardian is unable to attend or transport their own child to these events, volunteers from The Berks Bucks & Oxon Union of Golf Clubs Club may be able to provide transport in their own private vehicles. When volunteer transport is supplied, every effort will be made to ensure that a child does not travel alone with an adult and that a third party, be it another adult or child is present.

If you are content for The Berks Bucks & Oxon Union of Golf Clubs volunteers to transport your child to away matches and venues please complete the parental authorisation below.

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### **FORM OF CONSENT**

I consent / do not consent\* for:.....

to be transported to external golf competitions by adult coaching staff and other volunteers of The Berks Bucks & Oxon Union of Golf Clubs.

Signature of Parent/Guardian:.....Date:.....

\* Delete as necessary

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**Please return to the County Secretary at the address below when completed.**

Peter M J York  
County Secretary/Treasurer  
Berkshire, Buckinghamshire & Oxfordshire Union of Golf Clubs  
Bridge House,  
Station Approach,  
Great Missenden.  
HP16 9AZ

Tel: 01494 867341

January 2012