

WEST HOVE GOLF CLUB LIMITED

Company Number 3408462

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West Hove Golf Club 2012 Parental Consent Form

Name of Child:.....Date of Birth.....

Address:

..... Post Code:

E-Mail Address

To enable us to care for the best interest of your child, it is important that we know whether he/she suffers from any medical condition or illness, or whether she/he is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matter which you think it is best we know about, including the details of any prescribed dosage or special dietary requirements:

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My child is in good health and I consent to her/him participating in golf events.

I consent to my child receiving essential medical treatment, as necessary, when a qualified practitioner prescribes the treatment.

NHS Number..... NHS Doctor:

Address of surgery

Post Code:..... Tel No:.....

Name of Parent or Guardian:

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

Signature

This form will be kept until the end of 2012 and will then be shredded.

No information held on this form will be passed to a third party.

I consent also to my child being photographed for possible inclusion in Sussex County Golf Union Books etc.

To comply with Child Protection Law please tick box

For more information visit our web site www.westhovegolfclub.info