



Burhill Golf Club
 Burwood Road
 Walton on Thames
 Surrey
 KT12 4BX
 Tel: 01932 227345
www.burhillgolf-club.co.uk

Health & Safety Legislation Consent Form (Juniors)

Please print clearly

FULL NAME		CLUB	
ADDRESS		HOME TEL NO.	
		MOBILE	
		D.O.B	
E-MAIL		N.H.S NO.	

Please indicate who should be contacted in case of an emergency

NAME		RELATIONSHIP	
HOME TEL NO		WORK TEL NO	
MOBILE		E-MAIL	
ALTERNATIVE MOBILE		RELATIONSHIP	

Does he/she have any special medical problems? Please give details of any medication used

CONDITION	YES OR NO	MEDICATION
DIABETES		
EPILEPSY		
MIGRAINE		
ASTHMA		
HAY FEVER		
Sensitivity to insect bites/stings		
Allergic to foods ie nuts/seafood? – Please specify		
Allergic to penicillin or any other medicine. State substitute		
Currently receiving any medical treatment? Please specify		
Tetanus injection up to date?		
Indicate any other medical conditions or problems we should beware of		

DOCTOR		Tel no:
ADDRESS		

I consent to my son/daughter taking part in the golfing activities under the auspices of Burhill Golf Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorize BGC or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any eventuality every attempt will be made to contact you) I consent that my child can travel with a member of the BGC staff or its agents to attend fixtures/events away from their Home Club. I also consent that should my child win any competition, their photo be published in related sports websites, a newspaper or magazines

Parent/Guardian name (capitals please)	
Signature	
Date	