



BOUNDARY LAKES

Junior Profile and Parental Consent Form

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their parent to notify the Club Welfare Officer (CWO) or Secretary if any of the details change at any time.

Junior Name		
Date of Birth		
Address		
Telephone Number		
Parent's Names		
Address		(If different)
Home Telephone No		
Mobile Telephone No		
Work Telephone No		
Emergency Contacts		
Contact Name 1		
Relationship to Child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		

Contact Name 2		
Relationship to Child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		

Medical Information

Child's Doctor's Name		
Doctor's Surgery Address		
Telephone Number		

Does your child experience any conditions requiring medical treatment and/or medication?

Yes No

If yes please give details, including medication, dose and frequency

Does your child have any allergies?

Yes No

If yes please give details

Does your child have any specific dietary requirements?

Yes No

If yes 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?

The Equality Act 2010 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.

Do you consider your child to have a disability? Yes No

If yes what is the nature of the disability?

Does your child have any communication needs e.g. non-English speaker/hearing impairment/sign language user/dyslexia? If yes please tell us what we need to do to enable him/her to communicate with us fully.

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

I agree to notify the Club of any changes.

I,, being parent/guardian of the above named child, hereby give permission for the club responsible person 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 child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

The attached signature will denote that my child has my permission to be on the golf club's premises.
(Please tick the box if agreed)

I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition. (Please tick box if agreed)

Signed - Parent/Guardian	
Print Name	
Date	