

Golfing Union of Ireland – Leinster Branch

PARENTAL CONSENT FORM

Name of Player: _____ Date of Birth: _____

Address: _____

Mobile Phone No: _____ Email: _____
(for text messaging) (for news and event updates)

CHILD PROTECTION:

There is occasional requirement for photographic and video equipment being used as a legitimate coaching aid. On these occasions, it is necessary to obtain parental consent for children under eighteen years. If you are in agreement with the use of such aids, please sign below confirming your consent:

Signed: _____ Date: _____

MEDICAL INFORMATION:

In caring for the best interests of your son it is important the Golfing Union of Ireland know whether he suffers from any medical condition or illness, or whether he is currently receiving medical treatment of any kind.

Please indicate below, in strict confidence, any health related matters, including injuries of any kind, details of any prescribed medicine and dosage, or of any special dietary requirements or behavioural issues:

Date of last Tetanus Injection: _____

My son is in good health and I consent to him participating in events and activities organised by the Golfing Union of Ireland.

I consent to my son receiving essential medical treatment, as necessary, when the treatment is prescribed by a qualified medical practitioner.

His Doctor is: _____

Address: _____

Telephone Number: _____

Name of Parent or Guardian: _____

Telephone Number: _____ (Home) _____ (Work)

Mobile Number: _____ (in case of emergency)

**IN THE EVENT OF ANY CHANGES TO THE ABOVE INFORMATION, PLEASE NOTIFY:
LIAM MURPHY, G.U.I. – LEINSTER BRANCH 01 – 6016842 or email liam@leinster.gui.ie**

SIGNATURE: _____ DATE: _____