

ISLAY GOLF CLUB - MEDICAL CONSENT FORM

Consent to Medical Treatment

The following information and consent is requested to ensure the health and well being of all children participating in Islay Golf Club activities. The information contained in this form is confidential and will only be used to safeguard and promote the child's health and well being should the need arise.

Name : Membership Number :

Date of Birth :

Name of General Practitioner :

Address of GP :

Phone Number of GP :

Please provide details of any pre-existing medical conditions that may affect the child's participation in the activity/event/programme :

Details of any medication or treatment :

Details of any existing injury (inc when injury occurred and treatment received) :

Details of any allergies, inc allergies to medication :

CHILD (Optional)

I, consent to receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

Signature :

Date :

PARENT/GUARDIAN/LEGAL CARER

I, consent to <Name> receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary. I undertake to inform Islay Golf Club should any of the information contained in this form change.

Signature :

Date :

Print Name :

Relationship to child :