

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 or other relevant health details so that their best interests are addressed. Please complete this form with our assurance that personal information will be treated as confidential.

Contact Information

Juniors Name	
Address	
Date of birth	
Home phone number	
Mobile phone number	
Work phone number	
Contact email address	
Name of school	
Home Golf Club <i>(if a member)</i>	
Handicap Index <i>(if applicable)</i>	
WHS Number	

Please give the name of a person we can contact in case of emergencies

Contact 1 Name			
Contact Number	M:	H:	W:
Relationship to child			

Contact 2 Name			
Contact number	M:	H:	W:
Relationship to child			

Please confirm names of all those with parental responsibility for the child	
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Medical Information

Child's Doctor's Name	
Doctor's Surgery Address	
Doctor's telephone number	

Does your child have 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 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?

Disability

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 her to communicate with us fully*



NOTTS JUNIOR GIRLS TRACKER FORM 2023



Consent from Parent/Legal Carer:	Please Tick
I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.	
I give my consent that in an emergency situation, the county may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment, which in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.	
I acknowledge that the county is not responsible for providing adult supervision for my child, except for formal junior golf coaching, matches or competition.	
I agree to my child being transported by county representatives to and from venues when she is representing the county.	
I consent to providing the above information and it being held on file and computer as part of the NCLGA Junior Development Plan Tracking System.	
I consent to the above information being shared with any PGA coach or the County Golf Partnership who may be delivering training on behalf of NCLGA.	
I consent to some information being shared with England Golf and Golfing partnerships for the purpose of funding applications.	
I agree that photos taken during coaching or matches may be used on the NCLGA website	
I agree to notify NCLGA of any changes.	

The attached signature will denote that my child has my permissions to be on the premises where county activities are taking place.

<p>By signing this document, I confirm that I have legal responsibility for <i>(insert players name)</i></p> <p>..... I am entitled to give this consent and I am aware of how the information I have provided may be used.</p>	
Signed – Parent/Carer:	
Print name:	
Date:	

Please return to Suzi Anderson or email the completed form to: nclgajuniors@gmail.com