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Bitesize Golf Medical information form

Pupil's name :

Doctor's name :

Surgery _____

Address : _____

Postcode : _____

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?

*If Yes please give details:

YES

NO

- 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 Coach/club of any changes.
- I, _____ being parent/guardian of the above named child, hereby give permission for the coach/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 the box if agreed) ☐
- I also agree to my child being transported by club representatives to and from venues when he/she is representing the golf club.
(Please tick the box if agreed) ☐
- ☐

Signed (Parent/Guardian): _____

Print Name: _____

Date: ____/____/____