



## Berkshire County Ladies Golf Association

### MEDICAL FORM

BCLGA/BGG Child  
Policy & Procedure:  
version 4.1:  
Appendix 4B  
January 2018  
**PLEASE PRINT  
CLEARLY**

*Please complete both pages of this form, ensuring it is signed on page 2*

The safety and welfare of girls in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order 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 girl and her parent to notify the County Junior Organiser, Honorary Secretary or County Welfare Officer if any of the following details change at any time.

Name of girl:		Date of birth:
Address including Post Code:		
Parents'/Guardians' Names:	Parent/Guardian A	Parent/Guardian B
Address (if different from above)		
Home Telephone		
Mobile Telephone		
Work Telephone		
<b>EMERGENCY CONTACT</b>	<b>CONTACT 1</b>	<b>CONTACT 2</b>
<b>NAME</b>		
Relationship to girl		
Home telephone		
Mobile telephone		
Work telephone		
<b>MEDICAL INFORMATION</b>		
Girl's NHS Number:		Name of Girl's Doctor:
Doctor's Address:		Telephone:
Does your daughter experience any conditions requiring medical treatment and/or medication? * If YES please give details, including medication, dose and frequency:		Yes/No
Does your daughter have any allergies? * If YES please give details:		Yes/No
What additional needs, if any, does your daughter have e.g. needs help to administer planned medication, assisting with lifting or access, regular snacks?		

The Disability Discrimination Act 1995 defines a disabled person as ‘anyone with a physical or mental impairment, which has substantial and long term adverse effect on his or her ability to carry out normal day to day activities. Do you consider your daughter to have a disability? \*

Yes/No

\* If YES what is the nature of the disability?

Hearing impairment:                       Learning disability                       Multiple disabilities

Physical disability                       Other (please specify) \_\_\_\_\_

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Does your daughter 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.

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Any other information you would like us to be aware of:

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- I confirm to the best of my knowledge that my daughter does not suffer from any medical condition other than those detailed above
- I agree to notify BGG ( [bggdatabasecoordinator@bclga.co.uk](mailto:bggdatabasecoordinator@bclga.co.uk) ) of any changes
- I, \_\_\_\_\_, being parent/guardian to the above-named girl, hereby give my permission for the County responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it could be contrary to my daughter’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.

Signed (Parent/Guardian): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please put a signed copy of this document in your daughter’s golf bag and send /email a copy to:

Nicky Jones  
 Apple Tree Cottage  
 Cookham Dean  
 Berkshire  
 SL6 9PH

Email: [nicky.d.jones@btinternet.com](mailto:nicky.d.jones@btinternet.com)