



Middlesex Golf

## **Player Profile and Parental Consent Forms - Middlesex Golf**

(For Players Under the age of 18)

Player profiles forms enable those responsible for children to have the information they need to deal effectively with any emergency situation that arises.

Although information obtained on these forms must be treated as confidential (and only given to those who need it to fulfil a duty of care for the child), it is also critically important this information is **readily to hand at sessions and matches**.

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 and other relevant health details so that their best interests are addressed.

In compliance with the Data Protection Act 2018, GDPR and all relevant data protection legislation, all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of England Golf where necessary.

It is the responsibility of the junior and their parent to notify the County Welfare Officer or Secretary if any of the details change at any time.

Junior Name		
Date of Birth		
Address		
email address		
Telephone Number		
<b>Parents' Names</b>		
Address		(If different)
Home Telephone No		
Mobile Telephone No		
Work Telephone No		
email		
<b>Emergency Contacts</b>		
<b>Contact 1 Name</b>		
Relationship to child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
email address		
<b>Contact 2 Name</b>		
Relationship to child		
Home Telephone Number		
Mobile Telephone Number		

Work Telephone Number	
email address	

Please confirm details of all those with Parental Responsibility for the Child.	
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### Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone 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.

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Does your child have any allergies? **YES** ☐ **NO** ☐

\*If yes please give details.

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Does your child have any specific dietary requirements? **YES** ☐ **NO** ☐

\*If yes please give details.

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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 him/her them to communicate with us fully.

## Consent from Parent/Legal Carer:

- 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 County of any changes to this information. ☐
- 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. ☐
- The attached signature will denote that my child has my permission to be on the premises where county activities are taking place. ☐

- I acknowledge that the county is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition. ☐
- I agree to my child being transported by county representatives to and from venues when he/she is representing the county. ☐

(Please tick the boxes if agreed)

By signing this document I confirm that I have legal responsibility for ..... ; I am entitled to give this consent and I am aware of how the information I have provided may be used.	
<b>Signed – Parent/Carer</b>	
<b>Print name</b>	
<b>Date</b>	

Middlesex Golf will use the information provided on this form to administer the above-named players golfing activity with Middlesex and in any activities in which they participate through Middlesex and to care for and supervise activities in which he/she is involved. In some cases, this may require Middlesex Golf to disclose certain Information to County Boards, coaches, and to England Golf.

In the event of a medical issue or child protection issue arising, Middlesex Golf may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation. Once completed and acknowledged as being received by Middlesex Golf this information will be retained until the end of the season. As the person completing this form, you must ensure that the player whose information you include in this form knows what will happen to their information and how it may be disclosed.