

NAPGC

Dear Parent,

Emergency First Aid / Medical Treatment

Should your child suffer an injury or become ill whilst playing golf in an NAPGC competition it may not always be possible to contact you. Should you not be available to give your consent at the time, if you wish the NAPGC to provide First Aid or seek emergency treatment, please complete the authorization below and return it to the NAPGC Hon. Secretary or designated Competition Organiser on the day.

VALID FOR ALL NAPGC COMPETITIONS (except for the NAPGC Junior Championships)
(A copy of this form MUST be produced at each competition or subsequent round/final)

Parent/Guardian Authorisation

Name of Child or Young Person

Doctor's Name.....

Address

.....

.....

Telephone Number

*My child is under 16 years of age. I authorise the NAPGC to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre, where necessary.

*My child is 16 years of age or over. I acknowledge that he /she has the right to decide for him/herself on the treatment to be received or the need to attend hospital or medical centre.

In the event of any medical attention being administered, I understand that the NAPGC will inform me of the action taken.

My child suffers from the following allergies / conditions:

Asthma	Yes / No	Fits or Blackouts	Yes / No
Epilepsy	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Heart Problems	Yes/ No
Migraine	Yes / No		

Please record below, allergies, other medical conditions or any medication prescribed for your child:

Also record medication not to be administered:

Signature of parent/ guardian

Date (no earlier than six months prior to the date of the competition)

Name (Print)

Telephone Numbers: Home Work Mobile.....