

## GLASGOW GOLF UNION'S PARTNERSHIP WITH PARENTS – SAFE IN CARE

Glasgow Golf Union values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating. To help us fulfil our joint responsibilities Glasgow Golf Union has "Safeguards" in place. These Safeguards tell you what you can expect from us when your child participates in golf and details the information we need from you to help us keep your child safe.

We need you to complete this form at the start of every season and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

Child's Name:	Date of Birth:
Address:	Tel No:
Postcode:	
Emergency Contact Name:	Emergency Contact Tel No:
Relationship to Child:	
Late Collection Contact:	Contact Tel No:
Name of School:	Contact Tel No:
Child's Named Person:	Named Person Tel No:
Name of GP:	Tel No of GP:
Address of GP:	Postcode:

## **A. GENERAL & MEDICAL INFORMATION**

Please complete the following details. If none please state "none"

1. Does your child have a disability/medical condition that will affect their ability to take part in golf? If yes, please give details:
2. Does your child take any medication? If yes, please give details:
3. Does your child have any existing injuries (include when injury sustained and treatment received)? If yes, please give details:
4. Does your child have any allergies, including allergies to medication? If yes, please give details:
5. Is there any other relevant information which you would like us to know about your child? (e.g. access rights, disabilities etc)

## **B. CONSENT – MEDICAL TREATMENT**

I consent/I do not consent\* to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

## **C. CONSENT – TRANSPORTATION OF CHILDREN**

I consent/I do not consent\* to my child being transported by persons representing Glasgow Golf Union for the purposes of taking part in golf.

I understand that Glasgow Golf Union will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

## **D. CONSENT – PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

Your child may be photographed or filmed when participating in golf and this may be published.

I consent/I do not consent\* for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in the Glasgow Golf Union safe in care guidelines' Information and Communications Technology (ICT) section.

## **E. CONSENT – CONTACT INFORMATION**

Glasgow Golf Union may contact your child from time to time via email, text or social networking site. I consent/I do not consent\* for my child to be contacted via email, text or social networking site for the purposes stated in the Glasgow Golf Union safe in care guidelines. I do /I do not\* wish to be copied in to these messages.

Child's Email: \_\_\_\_\_

Child's Mobile No: \_\_\_\_\_

**F. CONSENT – SIGNATURE**

1. I am aware of the Safeguards for golf and agree to work in partnership with Glasgow Golf Union to promote my child's safe participation in our sport.
2. I am aware of the Glasgow Golf Union Code of Conduct for Safeguarding Children's Wellbeing.
3. I undertake to inform Glasgow Golf Union should any of the information contained in this form change.

Parent/Carer's\* Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Please state relationship to child if not parent)

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

Email: \_\_\_\_\_

Child's signature (if 8 years or older): \_\_\_\_\_

**\*(please delete as appropriate)**

