

# Highcliffe Bowling Club

Nea Meadows, Smugglers Lane South, Highcliffe, Dorset BH23 4NG  
01425 278639



<http://www.highcliffebowlingclub.org.uk>

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## CONSENT FORM FOR PARENTS / CARERS

Name of Child.....Date of Birth...../...../.....

Address.....  
.....

Telephone No: (Home) ..... (Mobile) ..... (Work) .....

In the interest of your child, it is essential to know whether he or she suffers from any illness or medical condition eg Diabetes, Asthma, Epilepsy, Autism, Dyslexia etc. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware. Please also indicate any prescribed medication, etc.

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*(Please use separate sheet if necessary)*

I consent to my child taking part in the Club activities whether on its premises or at away venues. I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to him / her from accident or other harm. I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, including transportation to hospital, and accept that such practitioner will need to be informed of any condition /medication disclosed above.

I am the parent / legal guardian of the child.

Signed.....

Name (Please use Block Capitals)  
.....

Relationship.....

Date.....

Note: If you require information on club/ association activities, or have any concerns regarding your child's participation, please contact the person named below.

*Mrs Shirley Ambrose  
Child and Vulnerable Adult Protection Officer  
Highcliffe Bowling Club  
Home ☎:01425 279403*