



Medical Information, Consent and Waiver Form

Student's Name _____ Date of Birth ____/____/____

Camp Dates: _____

Insurance Information

Insurance Company: _____ Insurer Phone: _____

Name of Primary Insured: _____ Relation to Student: _____

Policy Number: _____ Group Number: _____

Effective Date: _____

Medical Information

Primary Care Physician: _____ Phone: _____

Date of last tetanus shot: _____

Known Allergies including any drugs or medications (if none, please indicate): _____

Known Medical Conditions (if none, please indicate): _____

Student is currently taking the following medications (if none, please indicate): _____

Parent Initials: _____

Permission to administer medications: I hereby authorize the TPGA Junior Golf Academy Staff to administer the following over-the-counter medications to my child should the staff consider such medications to be reasonably necessary for the welfare and comfort of the child:

Aspirin	Yes ___ No ___
Tylenol	Yes ___ No ___
Excedrin	Yes ___ No ___
Motrin	Yes ___ No ___
Advil	Yes ___ No ___
Aleve	Yes ___ No ___
Pepto-Bismol	Yes ___ No ___
Milk of Magnesia	Yes ___ No ___

And the following prescription medications that my child has brought the Academy:

1. _____ Dosage _____ every _____

2. _____ Dosage _____ every _____

3. _____ Dosage _____ every _____

Notice of Consent to Treat, Acknowledgement of Risk, Use of Likeness and Waiver of Liability

I hereby give my consent for my child to receive medical attention and treatment in an emergency situation that the staff of the TPGA Junior Golf Academy determines to be in the best interest and welfare of the child should I not be available to reasonably provide such consent either in person or by phone. I hereby release and hold harmless the Tennessee Golf Foundation, Tennessee Section PGA, Tennessee Golf Association, Tennessee PGA Junior Golf Academy, Tennessee Junior Golf NLLC, Little Course at Conner Lane, Golf House Tennessee, Vanderbilt Legends Club, Kite-Cupp Corporation and all of the collective employees, agents, staff, directors, officers, contractors and shareholders of the aforementioned parties, from any and all liability from any accidents that may occur while my child is attending or participating in the Academy. I also acknowledge that the parties listed above are not responsible for any lost, broken or stolen articles or personal property that my child may bring to or purchase at the Academy. I give my consent to the Tennessee Golf Foundation to film, photograph or videotape my child and to use, in perpetuity, any photos or likeness of my child, their name, voice and biographical information in all forms of media, electronic or otherwise. I also acknowledge and accept on behalf of myself and my child the potential risk of serious injury inherent in the game of golf and its related activities and hereby release the Tennessee Golf Foundation and the collective parties listed above, as well as their affiliate entities, staff members, employees, directors, officers and contractors from all liabilities or injury associated with my child's participation in the Academy and any of its related activities or programs.

Parent or Legal Guardian Signature: _____ **Date:** _____

Please return to: TPGA Junior Golf Academy Or fax to: (615) 790-8600 Atten: TPGA Junior Golf Academy
400 Franklin Road
Franklin, TN Or email scan to: gcude@pgahq.com

Questions? – Please contact us at (615) 790-7600 – Gaylon Cude, Academy Office

For Office Use Only

Rcvd By: _____ Date: _____ Insurance Card on file _____