

## Appendix 3 Parental Consent Form

Please complete this form in full and return to your Child's Team Manager or your Club's Children's Officer. The completion of this form is essential so as to enable your child participate in all GAA games, training and other activities in your Club.

I wish to inform you that as a Parent/Guardian of my child I give permission for

\_\_\_\_\_ (child) to participate in

\_\_\_\_\_ (name of club) games and other related activities

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Home Telephone No \_\_\_\_\_

Emergency Contact Numbers \_\_\_\_\_

Please state if your child has been diagnosed with any specific illnesses, condition, allergies or disabilities of which we should be aware (i.e. asthma, diabetes, epilepsy, and allergies etc to particular food or drink).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any form of medication? Yes/No

If yes, please give details. \_\_\_\_\_

Does your child need to be in possession of or need to be able to administer medication while participating in GAA games or other activities? Yes/No

Can your child administer this medication without assistance? Yes/No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_