

## Parental / Guardian consent form

Name of child \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Childs age \_\_\_\_\_

Contact number \_\_\_\_\_

I give permission for my son / daughter to travel with Swords Celtic football club.

I am aware and have made my child aware of their responsibilities during their trip.

I am aware that no money will be refunded once the club booking is made.

I accept that Swords Celtic, its committee and club representatives are not liable for the loss of any money incurred in the organisation of this trip.

Signed \_\_\_\_\_ (by parent)

### CHILD MEDICAL INFORMATION

Please give any information relating to any medical condition that your child suffers from.

This information will be treated in the strictest of confidence

Accurate information on this form will allow the club to provide a more enjoyable and safer trip.

All personal information will be destroyed after the trip.

Special dietary requirements

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give details of any medication that your child is on

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify any special requirements which your child may have

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Has your child suffered any recent illness or injury? Yes / No

If 'Yes' please give details

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When did your child last receive a Tetanus injection?

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I undertake to notify Swords Celtic as soon as possible of any change in medical circumstances between the date of signing this form and the commencement of the trip.

I agree to my son / daughter receiving medication as instructed and any emergency dental, surgical or other medical treatment, including anaesthetic or blood transfusion as considered appropriate by medical authorities present.

**EMERGENCY CONTACT INFORMATION**

Home telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Please provide an alternative emergency contact in the event that you cannot be contacted

Name \_\_\_\_\_ Contact number \_\_\_\_\_

Name of Family Doctor

\_\_\_\_\_ Contact number \_\_\_\_\_

I declare that the information provided is correct to the best of my knowledge.

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