



## LITTLEWOODS IRELAND GAA GO GAMES

Croke Park, April 2017

### PARENTAL/GUARDIAN CONSENT FORM

I/we agree to permit our child, \_\_\_\_\_, to participate in the LITTLEWOODS IRELAND GAA GO GAMES in April, 2017 in Croke Park under the supervision of his/her nominated coach/mentor.

I/we also understand that my child may be photographed or that recording footage may be taken of them solely for use in the promotion of Gaelic Games by the GAA and Littlewood Ireland.

Player's Name: \_\_\_\_\_ Club: \_\_\_\_\_

Player's Date of Birth: \_\_/\_\_/\_\_

Does your child suffer from any allergies or medical conditions? YES/NO

If YES, please state:

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**Medication:** Is your child taking any prescribed/non prescribed medication that we should be made aware of? If yes please state:

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If your child is taking medication do you anticipate that they may require any of this medication during their attendance and participation at the games? YES/NO If YES please inform one of the team coaches.

The information on medical needs is recorded to enable us pass it on to medical personnel in the event of an emergency involving your child and not necessarily for the purpose of GAA personnel administering medication.

If your child requires emergency medical aid, including admission to hospital, do you consent?

Yes

No

Parent/Guardian Signature(s): \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

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