

# Parental Permission Form 2010

**Players Name:**

**Parents Name:**

**Address:**

**Parents Contact Numbers:**

**Details of child's special needs or medical history (i.e. details of any known allergies, conditions or medications:**

## **Medical Treatment**

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Emergency contact person (if you are unavailable): \_\_\_\_\_

Contact number (s): \_\_\_\_\_

## **Photography:**

I understand that photographs or video footage will be taken by an accredited photographer / video person, during or at Ladies Gaelic Football related events and may be used in promotion of the sport or club.

## **Text Messaging:**

I understand that my daughter may be contacted by text message from her club mentor in relation to training & match details and from time to time in relation to club information and notices

Signature: \_\_\_\_\_

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