



Owen Roe O'Neill's SAC Leckpatrick



MEDICAL CONSENT FORM

This form should be completed by a parent/guardian before your child can participate in an over night trip away from home. One form should be completed for each child/young person.

Name: _____

Address: _____

Post Code: _____ Telephone Number: _____

Date of Birth: _____ Mobile Number: _____

School: _____

Name of Doctor: _____

Doctor's Address: _____

Doctor's Telephone No: _____ Child's Medical Number: _____

Any specific medical conditions requiring medical treatment and/or medication?

Yes No If Yes, give details: _____

Any allergies?

Yes No If Yes, give details: _____

Any contact with contagious or infectious diseases within the last four weeks?

Yes No If Yes, give details: _____

Please provide any special dietary requirements and the type of pain medication that may be given.





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LECKPATRICK



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NB. Please note that a young person can give their own consent for medical treatment if they are over 16.

Information to be added to consent forms for away trips:

I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments unless the circumstances are covered by insurance.

I confirm that I have received the details of the above activity and consent to my child taking part in the visits and activities indicated. I acknowledge that the club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the trip. I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent.

I have read the Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.

Parental Consent (to be signed for competitors under 18 years)

I, _____ being parent/guardian of the above named child hereby give permission for the Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Name: _____ Date _____

Signature _____ (consent by parent/guardian)