**PERMISSION FORM - PARENT/GUARDIAN OF U-14 PLAYER**

**EVENT: FÉILE NA NGAEL – ULSTER 2015**

**VENUE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATES:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Child’s special needs or medical history (i.e. details of any known allergies, conditions or medications). Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child’s welfare or behaviour while participating in our sports:

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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 authorise a qualified medical practitioner to provide emergency treatment or medication

**PHOTOGRAPHY**I understand that photographs or recorded images may be taken during **FÉILE NA NGAEL 2015**, which may include my Child and may subsequently be used in the promotion of our Gaelic Games by different units of the Association. (If for whatever reason you do not wish for your child’s photograph or image to be included in GAA publications please inform your Féile coordinator).

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| I have read and accept the conditions and rules set down by the |
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|  | GAA Club for children |
|  |
| participating in **FÉILE NA NGAEL 2014**. |
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| Name of Participant: |  |
|  |
| Parent/Guardian Name: |  |
|  |
| Emergency Contact No. (s): |  |
|  |
| Signature of Parent/Guardian: |  | Date: |  |