



Irish Amateur Wrestling Association

Parental Consent Form

Please complete this form fully and return it to your Coach before departure date.
All information given will be treated as private & confidential.

I (Parent/Guardian), give my permission for my son/daughter

(Athletes Name)..... to take part in the activity as described below

Description of Activity:

Date from: _____ Date to _____

During the period when my son/daughter is in your care my address will be:

I may be contacted by telephone at (Day) _____ (Night) _____

Child's Date of Birth _____

Medical details (please circle your answer where necessary)

1. My son/ daughter has / has not had a **Tetanus** immunisation (if immunisation has been obtained, please give details of last booster injection).
2. My son/daughter is / is not allergic to **Penicillin**
3. My son/daughter does / does not suffer from **Asthma**. (Please send instructions if they do have Asthma)
4. My son/daughter does / does not suffer from any form of **Allergy** (including food) (if yes give details below or on separate sheet).
5. My son/daughter does / does not have any **Dietary** needs (if yes give details below or on separate sheet)
6. My son/daughter does / does not suffer from **Travel Sickness**.
7. My son/daughter will / will not require to take **medication** while away (e.g. inhalers) If yes please specify in the section 'Special Notes' below the frequency they are to be taken. Please ensure they have an adequate supply for duration of the activity and notify the Coach in charge
8. My son/daughter has had a medical **Check Up** on _____ (Give approx. date).
10. Does your son/daughter suffer from **Diabetes**? If yes, give full details and treatments below or on separate sheet

SPECIAL NOTES:



Irish Amateur Wrestling Association

Parental Consent Form

11. For residential visits and exchanges only

To the best of your knowledge, has the above-named child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES []

NO []

If YES, please give brief details:

I will inform the person in charge of the activity as soon as possible of any changes in the medical information between now and the commencement of the activity. **I WILL** []

12. I give permission for my son/daughter's photo to be taken and used for media purposes (website/promotions etc) possibly put on the Group Website? YES [] NO []

13. My son/daughter's Religion is _____ (for medical purposes only)

In the event of my son/ daughter being taken ill or being injured during the period of the activity so that a surgical operation or serum injection becomes necessary,

I hereby Authorise _____ or a qualified person designated by him/her, to sign on my behalf any written form or consent required, provided that the delay necessitated to obtain my signature might endanger my son /daughter's health or safety.

Signed _____ (Parent/Guardian)

Date _____

Please note below any points not covered here that should be observed regarding your child

Emergency contact:

Contact telephone numbers (inc. national codes and state relationship to the named child):

Name _____

Mobile _____

Home address _____

Alternative emergency contact _____

Contact telephone number (inc. national codes) _____

Name of family doctor _____

Address & Number _____
