



SHAMROCKS HURLING & FOOTBALL CLUB



MEDICAL INFORMATION

Please outline any medical information i.e. allergies, conditions, medication which may impact on your child's health, welfare or behaviour while participating in our activities:

I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child if required.

In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners.

If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Sínithe/Signed: _____ (Parent/Guardian)

Dáta/Date: _____

Parent/Guardian mobile no: _____

Email: _____

I have read the **Data Protection information** supplied and have given my consent, by signing below, for my information to be used as follows (Please tick as appropriate)

To provide me on my own behalf and on behalf of my child with updates regarding Club activities such as games, training, meetings and Clubs events

To provide me with details of Club fundraising activities including, social occasions, ticket sales etc.

I am aware that my child's photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used in the promotion of Gaelic Games, print, online/digital and social media mediums of communication

I understand that I can withdraw my consent at any time by writing to the Club.

I understand my rights under Data Protection legislation

Your membership details will be entered on the Association's membership database

Print name: _____ Dáta: _____

Sínithe/Signed: _____ (Parent/Guardian)