



CILL MHIODHNA

FOUNDED 1889

W: www.kilmeenagaclub.ie E: secretary.kilmeena.mayo@gaa.ie

Club Outing Parental Consent Form

Please complete this form in full and return to your Child's Team Manager.

Details of Outing: _____

Date of outing: _____

Drop off point: _____ Time: _____

Collection point: _____ Time: _____

Contact Person: _____

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I give permission for my child to participate in Kilmeena GAA / LGFA club outing.

Child's Name: _____

Parent/Guardian mobile No: _____

Other Contact Numbers: _____

Please state if your child has been diagnosed with any specific illnesses, conditions, allergies or disabilities of which we should be aware (i.e. asthma, diabetes, epilepsy, and allergies etc. to particular food or drink):

Is your child currently taking any form of medication? Yes/No: _____

If yes, please give details:

Photographs may be taken which will be used to promote the Club activities

Parent/Guardian Name: _____