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HOWTH CELTIC AFC CONFIDENTIAL
PARENTS/GAURDIANS CONSENT FORM

THIS FORM MUST BE FILLED IN AND SIGNED PRIOR TO TRAVELLING DATE.

I GIVE CONSENT FOR MY SON/DAUGHTER.....DATE OF BIRTH...../...../..... TO TRAVEL TO.....WITH HOWTH CELTIC AFC FROM...../...../..... TO/...../..... DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS. IF SO PLEASE STATE DETAILS..... HAS YOUR CHILD EVER SUFFERED FROM HEARTH TROUBLE, EPILEPSY, DIABETES OR FROM ANY SERIOUS RESPIRATORY DISEASE, I.E. PNEUMONIA, ASTHMA, RHEUMATIC FEVER..... IF SO DOCTORS PERMISSION MUST BE OBTAINED BEFORE TRAVELLING. IS YOUR CHILD SUBJECT TO ANY KNOWN ALLERGIES..... HAS HE/SHE HAD AN ANTI TETANUS INJECTION.....IF SO STATE WHEN..... IF YOU ARE IN DOUBT ABOUT YOUR CHILDS PHYSICAL FITNESS, PLEASE HAVE HIM/HER MEDICALLY EXAMINED AND ENCLOSE A DOCTORS CERT WITH THIS FORM.

EVERY REASONABLE CARE WILL BE TAKEN FOR THE HEALTH AND WELL BEING OF YOUR SON/DAUGHTER WHILE TRAVELLING WITH HOWTH CELTIC BUT HOWTH CELTIC CANNOT BE HELD RESPONSIBLE FOR ANY ACCIDENT OR ILLNESS WHICH MAY OCCUR.

IN CASE OF ANY EMERGENCY, I AUTHORISE THE HOWTH CELTIC HEAD OF DELEGATION IN CONSULTATION WITH A DOCTOR TO ALLOW ADMINISTRATION OF A GENERAL ANAESTHETIC, AND GIVE PERMISSION FOR A SURGEON TO DO ANY PROCEDURE WHICH HE/SHE CONSIDERS NECESSARY.

SIGNED (PARENT OR GAURDIAN).....

DATE.....

ADDRESS.....

PHONE.....MOBILE.....