2020 Parental Consent Form (Under 18)



Consent for IOA Junior Squad training and competition including travel to major events in 2020

Junior Details (Plea	se Complete in Block Capitals)
Name:	
Address:	
Email (junior):	
Year of Birth	
Club	
SI Card Number	
Parent / Guardian Signat Medical: Please specify any m	I will always be copied into such communications until aged 18. Date: Date: dical disabilities, medication, allergies, dietary needs, or other (examples: must carry inhaler at all times, takes tablets daily,
	paracetamol allergy). This information will be treated as strictly divulged if deemed necessary.
Allergies:	
Diet:	
Medication:	
Other:	
GPs Name & Address:	
Emergency contact Name & Phone no.:	

Parent / Guardian Details:

Name:		
Address:		
Phone:		
Mobile:		
Email:		
events to be held in 2020	and I undertake to info	hter to attend Irish Junior Orienteering Squad activities orm the leader of any changes in his / her medical he commencement of the activity.
Parent / Guardian Signature:		Date:
be administered where co practitioners. If I cannot be	nsidered necessary by a e contacted and my chil	consibility, I give permission for medical treatment to a nominated first aider, or by suitably qualified medical ld needs emergency hospital treatment, I authorize a by treatment or medication.
Parent / Guardian Signatu	re:	Date:
publication. I give / do no	t give (delete as applic	opear on an orienteering website or in an orienteering rable) consent to my child's photograph appearing in as of juniors do not include names or other identifying
Parent's/ Guardian's signature:		Date:
Junior Undertaking:		
For the group's and my ow coaches.	n safety, I undertake to	obey the rules and instructions of leaders and
Participant Signature:		Date:

The completed form must be given to the organiser before participating in activities in 2020. Failure to do so may make it impossible to take part in an activity.

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