

**Ballyhooly GAA Club Parental Medical Consent?**

*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.*