Warrenstown House, Blanchardstown Road North Blanchardstown, Dublin 15

25th & 26th Dec 2013

**PARENTAL CONSENT FORM**

I give permission for my child to take part in the SHAHID JAMAL MADRASA FOOTBALL TOURNAMENT outlined above. Anything written on this form will be held in strict confidence.

* I acknowledge the need for responsible behaviour and obedience on his/her part.
* I undertake not to hold the organisers responsible for compensation in respect of loss or damage to personal property, which he/she sustains during the event.
* I understand the importance of advising the organisers of any medical or special needs which may require particular attention in order to enable my son/daughter full and safe participation in the events.
* I understand not to permit my son/daughter to attend the visit if he/she is not in good health or has been in contact with an infectious disease within 2 weeks of the commencement of the visit.
* If at any point of the visit, he/she requires urgent medical treatment, and provided that I cannot be contacted personally, I give my permission to the medical authorities to administer such emergency treatment, including anaesthetic, as they consider necessary in the circumstances.
* I agree for any photography of my child to take place
* I understand that if my son/daughter causes harm or serious upset to a member of the group or to a member of staff, that it is my responsibility to collect them from the event.

**PLEASE NOTE THIS FORM HAS TO BE FILLED OUT BY A PARENT OR GUARDIAN. ANY FORMS NOT FILLED OUT CORRECTLY WILL NOT BE ACCEPTED**

**Please complete in block capitals all parts of this form.**

**Email for future events:**

**Date:**

**Signed (Parent/Guardian):**

**Emergency Contact Tel No:**

**Childs Full Name:**

**Age: D.O.B: School Year:**

**Relationship to Child:**

**Emergency Contact Name:**

**Please list any medical conditions:**

**Any other information that we may need to know:**

**Address:**

**Name of Madresa or Institute:**