



Tour/Overnight Trip Medical Consent Form

This form should be completed and signed by the legal guardian of a child or young person under the age of 18. Anything written on this form will be held in confidence. The supervising coaches/team manager need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend thetour/Overnight trip.

Players Name

Date Of Birth:

Emergency contact number

DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:

.....
.....

ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR INFORMATION THAT WOULD BE HELPFUL FOR THE COACHES/MANAGERS TO KNOW ABOUT:

.....
.....

I will inform the coaches of any changes to the above information especially in relation to my child's health, medication or needs. I will inform the tour Coordinator of any changes to the emergency contact number given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by the team medical staff, a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide necessary emergency treatment or medication.

Parent/Guardian Signature Date

Irish Rugby Football Union

10-12 Lansdowne Road | Ballsbridge | Dublin 4 | D04 F720

T +353 01 6473800 | F +353 01 6473801

www.irishrugby.com   

