

glór uachtar tíre  
**SCÉIM SAMHRAIDH**  
**2017**

Irish Language Summer Scheme for Primary School Children!

**The Summer Scheme runs between 17<sup>th</sup>-21<sup>st</sup> July; 10am-3.30pm each day but we request that you arrive at 9.30am in Monday 17<sup>th</sup> for allocation into your groups**

**PLEASE RETURN THIS FORM TO: Glór Uachtar Tíre, Dún Éigse, 1 Dublin Rd, Castlewellan, Co Down, BT31 9AG with payment (£45/child or £40/per child for families with more than one, £40 for all bookings made by May 31st)**

**Information: Contact Glór Uachtar Tíre on 028 437 70331, email [gloruachtartire@hotmail.co.uk](mailto:gloruachtartire@hotmail.co.uk)**

**Parental Consent Form for Planned Activities\***

I / We the parent(s) / guardian(s) of \_\_\_\_\_ hereby give permission for my / our child to partake in all activities organised by Glór Uachtar Tíre at the Summer Scheme, Scéim Samhradh Uachtar Tíre, held at Bunscoil Bheanna Boirche between 17<sup>th</sup>-21<sup>st</sup> July 2017.

Child's Full Name: \_\_\_\_\_ / Date of Birth: \_\_\_\_\_

School Child attends: \_\_\_\_\_ Class: \_\_\_\_\_

I / We authorise, confirm and agree that the persons running the course shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves, would be able to do so.

Parental signature(s): \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent Mobile Number: \_\_\_\_\_

Alternative Emergency Contact Number: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please note consent must be provided by the person with parental responsibility.

## **Medical Details & Medical Consent Form for Planned Activities\***

Name of child's GP: \_\_\_\_\_

GP's Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

If your child has a medical condition and requires medication please give the details below:

\_\_\_\_\_  
\_\_\_\_\_

### **Please circle the appropriate answer**

Has your child any serious illnesses? Yes / No

Is your child allergic to penicillin? Yes / No

Does your child take any regular medications? Yes / No

Are there any medications that your child is allergic to and/or must not be prescribed? Yes / No

Does your child have any allergies? Yes / No

Has your child any special dietary requirements? Yes / No

I / We confirm that the medical details in relation to my / our child are correct.

I / We understand that in the event of my / our child requiring medical attention all reasonable efforts will be made to contact me / us (or the Alternative Emergency Contact if I / we are un-contactable) at the contact numbers provided on this consent form.

In the event of my / our child being taken ill or injured during the period of this consent (17<sup>th</sup>-21<sup>st</sup> July 2017), I / we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I / we cannot be contacted for the purposes of giving consent at the time of treatment.

Parental signature(s): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Permission to take Photographs for Promotional Purposes Only**

Please sign and date below if you are willing for your child/ the child under your care, to have their photo taken during Glór Uachtar Tíre's Summer Scheme, 'Scéim Samhradh Uachtar Tíre', held at Bunscoil Bheanna Boirche between 17<sup>th</sup>-21<sup>st</sup> July 2017. Please note that these photos shall only be used for Glór Uachtar Tíre's promotional activities eg, the local newspapers, Glór Uachtar Tíre's newsletter and Glór Uachtar Tíre's webpage. They will not be forwarded on to a third party.

Parental signature(s): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please note this medical consent form must be provided by the person with parental responsibility.