

In the event of my child being taken ill or injured during the period of this consent (8th-12th July 2019), I hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I 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 8th-12th July 2019. 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 consent must be provided by the person with parental responsibility..



Glór Uachtar Tíre
Dún Eigse / The Lodge
1, Dublin Rd, Castlewellingan
Co Down, BT31 9AG
gloruachtartire@hotmail.co.uk
Fón / Tel: 028 437 70331 /
07501252027



Foras na Gaeilge

glór uachtar tíre SCÉIM SAMHRADH 2019

Irish Language Summer Scheme for Primary School Children:

Cá huaire agus cá háit?

8th-12th July 2019

10am-3:30pm

Bunscoil Bheanna Boirche,
Bunkers Hill, Castlewellingan

Cé mhéad?

£45 per child

plus £10 extra for optional day-trip

£40 per child for bookings before 30th April

Cad a dhéanfaimid?

Maidin / Morning:

Hut Building, Cook-offs, Radio Production & more

Tráthnóna / Afternoon:

Singing, Dance Classes, Arts & Crafts, Sport

Advanced booking essential!

To book or for more information:

028437 70331 - 075012 52027

gloruachtartire@hotmail.co.uk

or download

application form from

www.gloruachtartire.co.uk



Foras na Gaeilge



The Summer Scheme runs between 8th-12th July; 10am-3.30pm each day but we request that you with your child arrive at 9.30am on Monday 8th for allocation into groups

PLEASE RETURN THIS FORM TO: Glór Uachtar Tíre, Dún Éigse/The Lodge, 1 Dublin Rd, Castlewellan, Co Down, BT31 9AG with payment: £45/child (£40 for all bookings made by April 30th) plus £10 for optional day trip

Information: Contact Glór Uachtar Tíre on Tel: 028 437 70331/ Mob: 07501 252027

email gloruachtartire@hotmail.co.uk

I the parent/guardian of _____ hereby give permission for my child to partake in all activities organised by Glór Uachtar Tíre at the Summer Scheme, Scéim Samhradh Uachtar Tíre, held at Bunscóil Bheanna Boirche between 8th-12th July 2019.

Child's Full Name: _____

Date of Birth: _____

School Child attends: _____

Class your child attended in June 2019 eg Rang 4 / P4 etc: _____

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

Parental signature: _____

Print name: _____

Address: _____

E-mail Address: _____

Parent Mobile Number: _____

Alternative Emergency Contact Number: _____

Relationship to the child: _____

Please note that this information is retained by Glór Uachtar Tíre as a hard copy which is securely stored. It is also stored electronically and is shared with the Summer Scheme Tutors for Health and Safety purposes throughout the week of the course. Hard copies of your information are destroyed and electronic data is deleted after the summer scheme. **Information will not be shared with any outside parties.**

Medical Details & Medical Consent Form for Planned Activities*

Name of child's GP: _____

GP's Telephone Number: _____

GP's Address: _____

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

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

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

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