



Gaisce Participant Consent Form

(For participants aged 17 years and younger)

Please use BLOCK CAPITALS

Gaisce – The President’s Award is the National Challenge Award from the president of Ireland to young people between the ages of 15-25. In order to achieve a Gaisce Award, a participant must engage in four separate activities; a community involvement, a personal skill, a physical recreation and an adventure journey. Please visit our website for more information on all activities

To (*name of organisation*)

I am the parent/legal guardian of

Student’s/Child’s Date of Birth

Name of President’s Award Leader (PAL)

Student’s Special Medical Needs (if any)

Name of GP

GP’s Telephone Number

Emergency Contact number

Authorised to Treat Minor

In the event that I cannot be reached in an emergency, I hereby permit the concerned authorities to call 999 and/or to contact a medical facility or physician selected by the school to provide proper treatment to (*student’s name*) _____ and that I will be responsible for all expenses arising in the association with such treatment.

Prescription or Over-the-counter Medication

I certify that I have in my file in the school office, a current profile enlisting necessary medication that _____ must take.

I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of ‘high risk’ to the participants

I grant my permission for my child named above to participate in Gaisce – The President’s Award

Signed _____

Date _____