Insert logo of Gaisce Award Partner

Sample Participant Consent Form (this form can be used by PALs operating within their Gaisce Award Partner)

*(For participants aged 17 years and younger)*

Please use BLOCK CAPITALS

Gaisce – The President’s Award is a self-development programme for young people which enhances confidence and wellbeing through participation in personal, physical and community challenges. Gaisce is non-competitive - participants are encouraged to choose their own activities and goals with the support of a trained, adult President’s Award Leader (or PAL).

 (name of organisation )

is a Gaisce Award Partner, which is pleased to offer participants the opportunity to undertake the Gaisce Award. In order to take part in the Gaisce programme parental/guardian consent must be given to allow each participant to take part in the programme.

I am the parent/legal guardian of

Participant’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 Gaisce Award Partner to provide proper treatment to \_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Gaisce Award Partner 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, as delivered by

 (name of organisation )

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_