



Away Trip Consent Form

Away Trip Name:					
Dates of Travel	From:		To:		
Club Member's Name:				Date of Birth:	
Parent / Guardian Name(s):	Mobile No.		Email:		

Consent to Travel and /or Stay Over

I, as parent / guardian of the above named club member give my consent for them to travel and / or stay over for the duration of the Waterford Hockey Club organised trip.

Consent to Participate in Hockey and Other Organised Trip Activities

I, as parent / guardian of the above named club member give my consent for them to participate in hockey and other organised trip activities for the duration of the Waterford Hockey Club organised trip.

*Waterford Hockey Club observes the **Hockey Ireland Code of Ethics** and other club policies for all organised away trips. These can be viewed at www.waterfordhockeyclub.com/about-whc/club-policies/.*

*All people attending the Waterford Hockey Club organised trip are required to abide by our club '**Codes of Conduct**'. Our '**Codes of Conduct**' can be viewed at www.waterfordhockeyclub.com/about-whc/forms/.*

Medical Details

Does your child / individual you are parent or guardian of suffer any medical condition or require any medication? If so, please state.

Does your child / individual you are parent or guardian of suffer from any allergies or have any special requirements, e.g. diet? If so, please state.

In the event of illness or injury, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child / individual I am parent or guardian of needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Please note during the club member's registration you (as parent / guardian) were required to give the above medical consent on their registration form.

Parent / Guardian signature(s): _____

Club Member's signature: _____