

Danesfort GAA Club Medical Consent

We / I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child if required. In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. We / I consent for the above referenced medical information to be shared in confidence with the mentors responsible for the applicants age group.