

Dungarvan Brass Band Dungarvan Youth Band

Parental Consent Form

I give permission for _____ to attend/visit:

Time Leaving: _____

Time Returning: _____

I also give permission for him/her to receive medicines and/or other medical attention in case of emergencies. This form gives the responsibility of your son/daughter to the band officers or deputies, and grants them the authority to sign on your behalf any papers needed by the medical authorities in case of emergency hospital treatment.

Does your son/daughter suffer from any medical conditions? Yes No

Does your son/daughter suffer from any allergies? Yes No

If you answered yes to any of the above questions, please state detail below
(continue overleaf if needed)

Any necessary medicines or inhalers required should accompany your child on this trip.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Home Number: _____

Mobile Number: _____

Other details you feel may be relevant:
