



Robert Emmets CLG

Perrystown Manor Estate Community Centre, Limekiln Lane, Dublin 12

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Parental Permission Slip for Club Excursion

Event:	
Date of Excursion:	
Time of Departure:	
Time of Return:	
Location:	
Mode of Transport:	
Cost (if any), € per child:	
Supervision: (Names of adults who are supervising, Garda Vetted and Child Safeguarding Trained)	
Activities Involved: (List of activities – rides, games, meals, etc.)	

Emergency Contact on the Day

Name: (Lead Coach or Club Official)	
Contact Number:	

Consent Section

I give permission for my child to attend the outing to above with Robert Emmets CLG on the date and times marked above.	
Child Name:	
My child has the following allergies/medical needs:	
My child is currently taking the following medication (if any):	
In the event of an emergency, I authorise the appointed supervisor to seek necessary medical treatment.	
Parent/Guardian Name:	
Signature:	
Date:	
Emergency Contact Number(s):	