



Parental Travel Permission & Emergency Contact Form

I _____ (print parent name) consent to

my child _____ (print name of child),

participating in _____ (print name of event)

from: Day _____ Date _____ Time _____

to: Day _____ Date _____ Time _____

Emergency Contact Details:

Name: _____

Phone number: _____

Does your child have any special dietary requirements? If yes, please include details here: _____

Does your child have any medical conditions which we should be made aware of? If yes, please

give details: _____

I give my consent to the above trip / event / race:

Signed by parent/guardian: _____

Date: _____

The information in this form will be treated in the strictest confidence by Triathlon Ireland.