**Consent form for under 18’s riders travelling abroad or requiring an overnight stay**

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| Child’s Full Name: |  |
| Date of Birth: |  |
| Address: |  |
| CI Membership Number: |  |

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| Parent/Guardian Name: |  |
| Relationship to rider: |  |
| Contact Number: |  |
| Alternative emergency contact | |
| Name: |  |
| Relationship to rider: |  |
| Contact Number: |  |

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| **Medical History Information:** (please give details of any known allergies or medical conditions, including any medication that your child takes – use additional page if needed) |

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| Does your child need to be in possession of or need to be able to administer medication while participating in sport or other activities?  **Yes /** **No** |
| Can your child administer this medication without assistance?  **Yes/ No** |
| In the case of an emergency, coach/volunteer will do everything possible to contact the Parent/Guardian. However, in the event that contact cannot be made, I authorise the certified First Aid person and/ or leader in charge to give consent for any medical treatment on my / our behalf (please circle)  **AGREE DISAGREE** |

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| Any other special needs, dietary requirements, instructions that you feel we should be aware of? |

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| GP Name: GP Contact Number: |

* I know of no reason, medical or otherwise, why the above-named child should not participate in the activities involved. I have willingly supplied the contact and medical details above and consent that in the event of any illness/accident, any necessary treatment can be administered to my child.
* I will inform the coaches of any important changes to my child’s health, medication or needs and also of any changes to our address or phone numbers provided.
* I agree to abide by the Cycling Ireland Code of Conduct for a) Young Cyclists b) Parents/Guardians as governed by the Cycling Ireland Code of Practice and Safeguarding Procedures for Young and Vulnerable Cyclists.

***For Elite Players only:***

* I give permission for my child to be tested for prohibited substances in accordance with the Irish Sports Council Anti-Doping Rule and World Anti-Doping Agency Rules (where applicable)

**Signed**

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| **Youth Participant** | |
| Name: | Signature: |

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| **Parent/Guardian** | |
| Name: | Signature: |