

LAOIS DOWN SYNDROME

Parental Consent Form

In order for your child to participate safely in the activities we have planned, we would appreciate if you would complete the following questionnaire and return it to us.

Young Adult: _____

Address:

Your contact telephone number:

_____ (Home)

_____ (Work)

1. Is your child taking any form of medication (e.g. tablets, inhaler)?
 YES NO
2. Is your child prone to headaches, fainting or dizziness?
 YES NO
3. Does your child experience any chest pains, wheeziness or sickness during or after physical activity?
 YES NO
4. Does your child have a bone or joint problem that could be aggravated by the proposed physical activity?
 YES NO
5. Are you aware, through your own experience or a doctors advice, of any other reason why your child should not take part in the proposed activities without medical approval?
 YES NO

If there is any other condition which may affect your child's participation and which the Volunteers should be made aware of, please give details:

Photographs

I understand that photographs may be taken during or at our events and may be used in the promotion of Laois Down Syndrome.

Parent /Guardian: I give permission for my child to participate in the activities organized by Laois Down's Syndrome.

Signed: _____ **Date:** _____