



Parental Consent Form

I give permission for _____
(Insert child's name here)

to take part in Transition Year Programme in Medicine for 2026-7 with Trinity College Dublin which will be in-person sessions.

In accordance with the child protection policy, we will not permit photographs of children and young adults to be taken without the permission of their guardians.

The photographs that are taken in connection to the Trinity College School of Medicine Transition Year programme will be used for:

- The school prospectus
- The school website
- Promotion of the course

I give/do not give (please circle your preference) Permission for the Transition Year Programme in Medicine for 2026-7 with Trinity College Dublin to take photographs of

(Insert child's name)

Signature of Parent: _____

Print Name of Parent: _____

Date: _____

Contact Telephone no: _____