

## Parent/Guardian/Carer Consent Form

I wish my son/daug	hter		
to take part in the	trin to	(full name of student in capitals please	
to take part in the		(place)	20
from	to_		20 (date)
Date of birth:		Student ID No:	
the conditions set out. I ur supervisors will be contacta I have ensured that my chil instructions given by the st I understand that, while the are negligent they cannot b journey. (Note: your son/daughter w Please delete and o	derstand that during this trip stude ble. d understands that it is important fo aff in charge are obeyed. • College staff and helpers in charge e held responsible for any loss, dan	o and agree to his/her taking part in any or all onts will have free time and will not be directled or his/her safety and for the safety of the group of the party will take all reasonable care of the nage or injury suffered by my son/daughter are rance in the event of injury incurred during the sappropriate:  *Delete as app	y supervised but that all to up that rules and any the young people, unless t ising during or out of the the excursion).
•	ollowing medical or suppo	ort needs*	
	·	eatment	
Doctor's Name:	Doctor's telephone no:		
Doctor's Address _			
I consent to any en	nergency medical treatmo	ent necessary during the course	of the visit.
Signed:	Date:		
Address	Home	Work	
Telephone No.			
Mobile No			
	am not available at the		
Name:			
		Mobile no: will be used to process your trip place:	

Personal information which you supply on this form will be used to process your trip placement and kept in line with the college retention policy. The information will be kept in accordance with current data protection legislation and in line with the college data protection notice and policy which can be found on our website.