

**Medical and Parent/Guardian consent form**

Student Name: ……………………………………………………………… Age: ………………………….

Address: ……………………………………………………………………………………………………………

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Telephone: ………………………………. Mobile: …………………………………………..

Email: ………………………………………. Date of birth: ………………………………….

Details of any medical conditions/treatments, or Additional Support needs which we should be aware of:

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…………………………………………………………………………………………………………………………….

Details of special dietary requirements: …………………………………………………………………………………………………………………………….

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Parent(s) Guardians/Students over 18

Name: ………………………………………………………………………………………………………………..

Address (if different from above):

……………………………………………………………………………………………………...................

…………………………………………………………………………………………………………………………….

**Telephone number (in case of emergency):** …………………………….................

*Please find attached to this form information regarding an activity which is planned at this college. Would you please examine that information and if you wish your son/daughter to attend please complete, sign and return this form.*

*Statement:*

*I acknowledge receipt of the information regarding the proposed visit to Brinsbury and consent to my son/daughter, named above, participating in the Taster Day activities.*

*I understand that the college staff in charge of the group will take all reasonable care of the above named person.*

**Signed:** …………………………………………………………………. **Date:** …………………………