

Dear Parent/Guardian,

Through out the year the College will be running a variety of day trips and visits. Details will be given on each trip/visit however to ensure smooth running of the process we ask that you complete a consent form for your son/daughter to take part in these activities. Some examples of activities are _____

I wish my son/daughter _____
(full name of student in capitals please)

Date of birth: _____ Student ID No: _____

To be allowed to take part in College day trips/visits through out the academic year which begins in September ____ and ends in July _____ and agree to his/her taking part in any or all of the activities described under the conditions set out. I understand that during these trips students may have free time and will not be directly supervised but that all trip supervisors will be contactable. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that rules and any instructions given by the staff in charge are obeyed. I understand that, while the College staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.
(Note: your son/daughter will be covered by the College's insurance in the event of injury incurred during the excursion).

Please delete and complete the following as appropriate:

My child has no illness, allergy or physical disability*

My child has the following illness, allergy or physical disability*

*Delete as appropriate

Which necessitates the following medical treatment _____

Doctor's Name: _____ Doctor's telephone no: _____

Doctor's Address _____

I consent to any emergency medical treatment necessary during the course of the visit.

Signed: _____ Date: _____

Relationship: _____

Address	Home	Work

Telephone No. _____

Mobile No. _____

If, for any reason, I am not available at the above, please contact:

Name: _____

Home telephone no: _____ Mobile no: _____

Please ensure you inform us of any changes to the above details.

Note: photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including the College's publicity material, please tick box