



PARENT CONSENT FORM

Visits out of College – Essential Information

It is essential that parents complete the information below and return the form to college prior to the visit, in the event of any unforeseen circumstances

Name of Child..... Date of Birth.....
Address.....
Home Tel No.....
Emergency Contact No.....
Mobile Tel No.....

Medical Information:

Name of Doctor.....Telephone No.....
Address.....

Medical Card No. (If known).....
Date of last Tetanus Injection.....
Any Allergies.....
Any Special Medical Treatment (written medical instructions must be provided if your child needs medication)
Any Significant Medical/Personal Information.....
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Declaration:

- (1) I agree that my child may participate in the college trip
- (2) I agree that my child is fit to participate in the activities to be undertaken
- (3) I give permission for any anaesthetic, dental or medical treatment which may be necessary whilst my child is away from home
- (4) I agree to the safeguarding actions as outlined in the trip letter

Name of Parent (Please Print)
(Mr/Mrs/Ms/Miss)

Signature.....
Date.....