

**ANNUAL PARENTAL CONSENT FORM 2017/18**

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| This annual consent form will exist for the entire academic year and will replace individual visit consent forms. The department staff or college activities team will of course communicate any proposed visits or activities to parents courtesy of the corresponding letters that accompany such events. The information collected on this form will only be used for the purpose of the administration for visits, journeys, activities and events, which take place. The data will not be disclosed to any external sources, thereby adhering to the Data Protection Act. |

I am the parent/legal guardian of:

(Name) ---------------------------------------------------- Course: -----------------------------------------

and hereby grant and confirm my permission for him/her to undertake all educational visits, journeys and events from 1 September 2017 to 31 August 2018.

**Medical Authorisation, Personal Details and Diet**

I hereby authorise the member(s) of staff leading or participating in the named visit or activity to act as necessary on my behalf in an emergency, and to sign on my behalf any consent forms deemed necessary for medical treatment following consultation (when and where appropriate/possible) with a qualified medical practitioner. I also accept that members of the teaching staff may at times issue non-prescription drugs, such as paracetamol when it is considered appropriate.

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| Please tick the appropriate box if your son/daughter:

|  |  |
| --- | --- |
|  | Is receiving any medical treatment at present (*if so please specify)*  |
|   | ………………………………………………………………………………………………………………………………………………………………………… |
|  | Has an allergy/sensitivity e.g. Penicillin/nuts *(if so please specify)* |
|  | ………………………………………………………………………………………………………………………………………………………………………… |
|  | Carries own medication e.g. epipen/inhaler *(if so please specify)*  |
|  | ………………………………………………………………………………………………………………………………………………………………………… |
|  | Has had an anaphylactic reaction to food/insect stings etc. *(if so please specify)* |
|  | ………………………………………………………………………………………………………………………………………………………………………… |
|  | Has any special dietary requirements or problems *(if so please specify)*  |
|  | ………………………………………………………………………………………………………………………………………………………………………… |
|  | Wears contact lenses/glasses |
|  |  |
|  | Has had all routine immunisations |
|  |  |
|  | Has any other condition of which we should be aware when going out of school *(if so please specify)*: ……………………………………………… |
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Name and Address of Own Doctor:

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…………………………………………………………………………………………………………

Telephone No: ……………………………………………………………………………………….

If your son/daughter has, or goes on to develop any medical conditions i.e. diabetes, asthma, epilepsy or you have any other medical concerns which you feel College should be aware of, please do not hesitate to contact course tutor

**PARENTAL CONSENT**

1. I have read the information provided and agree to my son/daughter taking part in named activities, visits and events.

2. GOOD BEHAVIOUR Taking students out of College places a serious responsibility on the members of staff in charge. It is therefore vital that then can trust students to behave in an appropriate and acceptable manner at all times. Parents should be aware that should there be any serious misbehaviour prior to the trip then permission to go will be withdrawn and the costs incurred will be borne by the parents. If there are any serious breaches of discipline or unacceptable behaviour, as determined by the person in charge, while away from College then the student(s) concerned will be disciplined and possibly sent home at the parent’s expense

3. I understand that the staff responsible for the activities will take all reasonable care of participants.

Student’s Name: ……………………………………………………………………………………..

Parent/Guardian’s Name: …………………………………………………………………………...

Parent telephone number(s): ……………………………………………………………………….

Parent/Guardian’s Signature: …………………………………………… Date: ………………….

**IMPORTANT: CHANGE OF DETAILS / INFORMATION**

If any of the above personal information changes, it is the parent’s responsibility to inform College as soon as possible.

It is essential that all student records are kept up to date for Health and Safety reasons.