

## EDUCATIONAL VISITS PARENTAL APPROVAL FORM

### Consent of Parent/guardian to the Educational Visit

To be distributed with Notes for Guidance giving full details about the visit

This form must be returned to (member of staff):

By (date/time):

**Student's surname:**

**Student's first name:**

**Date of birth:**

**Age (at date of visit) - years:    months:**

**Boy/Girl**

**Form**

**Student's home address:**

**Name of Parent/guardian:**

**Home telephone:**

**Daytime telephone:**

**Emergency contact details for the duration of the visit (if different from the above):**

**Medical conditions:**

**Special dietary requirements:**

#### **Student's declaration**

I, the above named student, promise to observe the rules governing behaviour, reporting, mobile phones and dress on this Educational Visit and also the School Rules (where applicable). I will do my best to ensure the safety of myself and other members of the party. I will obey the laws of the country I am visiting. I will at all times act with courtesy and consideration for others and do my best to uphold the name of the School.

**Signed by Student** \_\_\_\_\_

## **Consent of Parent/guardian**

Nothing in this form excludes the legal rights of the student or those with Parental responsibility in the event of negligence by the School causing personal injury or death.

### **Transport**

I consent to the student travelling by any form of public transport and/or in a motor vehicles driven by the Group leader or any other responsible adult member of the party who is authorised by law and duly insured to drive.

### **Health**

I certify that to the best of my knowledge and belief the student is in good health and (if applicable) has received all necessary inoculations. I am aware of no reason or medical grounds why the student should not be a member of the party for this Educational Visit.

### **Disability and special needs**

I certify that I have provided full information on any disability of special needs that might affect the student's ability to take part in this Educational Visit or have an effect on the safety and welfare of others in the party.

### **Unsupervised time**

I give permission for my son/daughter to have unsupervised free time by the College.

### **Passport and travel documents**

I certify that the student has a current passport and (if applicable) all necessary visa(s) and satisfies the entry requirements of the country to be visited.

### **Accident/illness**

I consent to all emergency or other medical or dental treatment including inoculations, general or local anaesthetic, surgery or blood transfusions which, in the opinion of a qualified medical practitioner, are necessary for the safety and wellbeing of the student.

### **Swimming and other Adventure Activities**

I certify that the student is able to swim 50 metres

I certify that my child is water confident in a pool

I certify that my child is confident in the sea/open inland water

I certify that my child is safety conscious in water

I agree to the student taking part in any/all of the activities (where application) contemplated in the Notes for Guidance, except for the following:

**Personal effects of the student**

I acknowledge that the student will be responsible for the safety of his/her own money and personal effects. We will not hold the College responsible for losses unless caused by the negligence of the College.

**Breach of discipline**

I understand and accept that if the Student is sent home early from the Educational Visit because of a breach of discipline, I will be required to meet the costs.

**Indemnity**

I agree to indemnify the staff and the College against every loss not recoverable under the terms of the Educational Visit insurance including any liability incurred by the student (alone or with others).

**Signature of Parent(s)/guardian(s):**

**Signed** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Date** \_\_\_\_\_