**PARENTAL CONSENT FOR A COLLEGE EDUCATIONAL VISIT**

**College Course: Level 3 Sport BTEC Sport and Outdoor Student**

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| 1 | Details of Visit to: | Level 3 Sport. Regular practical & individual sports on/off site, use of gym, trips and visits, sports fixtures against other colleges (home and away), outdoor adventurous activities, sports coaching, sports volunteering, NGB awards, walking and transport to venues, volunteering off site. |
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|  | From: | Sept 22 | Date/Time: | n.a. | To: | July 24 | Date/Time: | n.a. |
|  |
|  | I agree to |  | (name) |
|  | taking part in this visit and have read the information sheet. I agree |
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|  | to |  | ‘s participation in the activities described. I acknowledge the need |
|  |  |  |  |
|  | for |  | to behave responsibly. |
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| 2 | Medical information about your son/daughter/dependant |
|  |  |
|  | a. | Any conditions requiring medical treatment, including medication or YES/NO |
|  |  | any specific support needs: |
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|  |  | If YES, please give brief details: |
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|  | b. | Please outline any special dietary requirements of your son/daughter/dependant and the type of pain/flu relief medication they may be given, if necessary: |
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|  | **For residential visits and exchanges only** |
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|  | c. | To the best of your knowledge, has your son/daughter/dependant been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO |
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|  |  | If YES, please give brief details: |
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|  | d. | Is your son/daughter/dependant allergic to any medication?  YES/NO |
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|  |  | If YES, please specify: |
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|  | e. | When did your son/daughter/dependant last have a tetanus injection? |
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|  | I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey. |
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| 3. | Declaration |
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|  | I agree to my son/daughter/dependant receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. |
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| Contact telephone numbers: |
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| Work: |  | Home: |  |
|  |
| Home address: |  |
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| Alternative emergency contact: |
|  |
| Name: |  | Telephone Number: |  |
|  |
| Address: |  |
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| Name of family doctor: |  | Telephone Number: |  |
|  |
| Address: |  |
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| 4. | Student Rules of Behaviour Agreement (to be signed by the student and parent/guardian) |
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| Parent's name (capitals): |  |  |  |
|  |  |  |  |
| Signed: |  | Date: |  |
|  |  |  |  |
| Student’s name (capitals): |  |  |  |
|  |  |  |  |
| Signed: |  | Date: |  |
|  |  |  |  |
| (If student is aged 18 and over parent’s signature is not necessary) |
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**STUDENT RULES OF BEHAVIOUR AND PARENTAL AGREEMENT**

**CONSENT FORM FOR AN EDUCATIONAL VISIT**

The purpose of an Educational Visit is to broaden students’ knowledge of some aspects of life by offering experiences which are beyond those encountered in normal everyday life.

The proposed visit is designed to enable students to gain such experiences in as safe a manner as possible. The College requires you to discuss this document with your son/daughter and for you to both sign the various sections and return it to the visit organiser at the College.

**We can only ensure this safety if students agree to abide by our rules**, which are based on many years of experience of such trips. We ask for co-operation from parent/guardians/ carers in the reading, understanding and implementation of these rules of behaviour and assure all parties and those students who are over 18 years of age that their only purpose is to increase the enjoyment, safety and welfare of all those involved in the visit.

**Please note that there may be times during the visit when students will not be under the immediate personal supervision of staff. There will, however, be a member of staff on call at all times. We also seek your approval to provide crucial medical information about your son/daughter in the event of an emergency.**

**BEHAVIOUR AGREEMENT**

1. All students must take part in all planned activities. Consideration will be given to the needs of disabled learners.
2. Courtesy and respect of group leader and other members of the party and property are expected and appreciated at all times.
3. Appropriate dress is expected for all visits to places of interest. Students should remember that they are representing Kendal College and they or their fellow students and event organisers may at some time wish to make a return visit.
4. For residential visits the rules of the hotel/hostel must be observed at all times. Where the rules of the hotel are vague, students over the age of 18 who leave the hotel will agree to sign in at the hotel no later than midnight.
5. In the interests of personal safety students over the age of 18 must not leave the hotel/accommodation without the permission of the group organiser and if a mobile phone is available carry it with them. Students under the age of 18 must be accompanied by a group organiser or remain in the hotel.

The group leader must be informed if students leave the hotel, where they are going and estimated time they plan to return. They should always carry their mobile phone, leaving it switched on so they can be contacted and ensure they always have sufficient monies for a taxi should they get lost.

1. In the interests of personal safety and to ensure there is no misunderstanding about unwanted or acceptable/unacceptable or unlawful behaviour, all students must stay in their own allocated hotel room.
2. Any damage or breakage caused by a student will be charged to the student or his or her parent or guardian, concerned.
3. The hotel/hostel management has the right to ask any member of the party who is causing a disturbance to other guests to leave the hotel/hostel. **The cost of alternative accommodation or repatriation in such cases may be the responsibility of the individual concerned or his or her parent or guardian.**
4. Every student must be responsible for his or her personal belongings at all times. Particular care should be taken with money and valuables.
5. Students under the age of 18 must not consume alcohol at any time during the visit. Students who are 18 and over may consume alcohol in moderation during residential visits only; students who will not agree to this rule will not be allowed to participate in the visit. Excessive consumption is deemed to be consumption of an average of 14 units of alcohol per week (2 units of alcohol per day) and or where the student’s behaviour or health is affected adversely as a result of the consumption of alcohol. Students who are over 18 must not purchase and provide alcohol to anyone on the visit who is under 18 years of age. Visit organisers are not responsible for monitoring the consumption of alcohol. Individual students must ensure they adhere to legislation relating to alcohol consumption and be responsible for their own conduct.
6. Students will not purchase or consume any illegal substances, nor take any with them on the visit.
7. Smoking will not be permitted on shared transport or in the hotel/hostel. Smoking restrictions in other public places will be adhered to.

I understand that should my behaviour be deemed unacceptable by the Group Leader that I will be sent home at my own expense and will be subject to the College disciplinary procedure on my return to college. (Where students are under the age of 18, the student’s parents/guardian will be responsible for collecting the student from the visit venue). Where the student’s parents/guardian are unable to collect the student, arrangements will be made for an additional member of staff to collect the student.

Student’s name ……………………………………………………………………………………….

Signed …………………………………………………………….. Date ……………………...

Parent’s/Carer’s name ….……………………………………………………………………………

Signed …………………………………………………………….. Date ……………………...

(Where a student is under 18, a parent’s signature is required. Students aged 18 and over must sign the document themselves).

**These rules are in addition to those included in the student contract/College Culture document.**

**While the adults in charge of the party agree to take all reasonable care of those students accompanying them on this visit, neither those adults nor Kendal College any other employees of the College shall be responsible for any accident or injury suffered by a student or for any damage to or loss of any property of the student arising during or as a result of the journey/visit notwithstanding that the accident, injury, damage or loss arose from the negligence of Kendal College, its employees or agents.**

**PARENTAL CONSENT**

**REGULAR OFF-SITE VISITS/ACTIVITIES**

**Programme:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby agree to my son/daughter participating in recognised activities off the College’s site, but only if the visit is within the County or neighbouring area and does not require overnight accommodation. For example visiting a local work place, venue or exhibition.

**I understand that:**

1. I will be informed beforehand of the dates and nature of the activities and will have an opportunity to withdraw this general consent if I wish to do so.

2. Such activities will not often extend beyond the normal timetable, but if they are likely to do so, adequate advance notice will be given so that I can decide whether or not to consent and make appropriate transport arrangements.

3. My specific permission will be sought for any off-site activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards.

4. All reasonable care will be taken of my son/daughter in respect of the activity/visit and in line with the College’s risk assessment of the visit/activity.

5. My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal discipline expectations during the visit/activity.

6. Any medical condition or physical disabilities will be notified to the school now and as and when they arise

7. All participants are covered by the College’s third party public liability insurance in respect of any claim arising from an accident.

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| My son/daughter suffers from the following medical conditions which may need to be taken into account when he/she is participating in a regular off-site visit: |

**Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**