**PARENTAL CONSENT FOR A COLLEGE EDUCATIONAL VISIT**

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

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| 1 | Details of Visit to: | Practical outdoor activities on/off site, trips and visits, outdoor adventurous activities, sports coaching, sports volunteering, NGB awards, walking and transport to venues, volunteering off site, site tours and guest speakers. |
|  |
|  | From: | Sept 2021 | Date/Time: | n.a. | To: | July 2022 | Date/Time: | n.a. |
|  |
|  | I agree to |  | (name) |
|  | taking part in this visit and have read the information sheet. I agree |
|  |  |
|  | to |  | ‘s participation in the activities described. I acknowledge the need |
|  |  |  |  |
|  | for |  | to behave responsibly. |
|  |  |  |  |
| 2 | Medical information about your son/daughter/dependant |
|  |  |
|  | a. | Any conditions requiring medical treatment, including medication or YES/NO |
|  |  | any specific support needs: |
|  |  |  |
|  |  | 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 |
|  |  |  |
|  |  | If YES, please give brief details: |
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|  | d. | Is your son/daughter/dependant allergic to any medication?  YES/NO |
|  |  |  |
|  |  | 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. |
|  |  |
| 3. | Declaration |
|  |  |
|  | 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: |
|  |
| Work: |  | Home: |  |
|  |
| Home address: |  |
|  |  |
|  |  |
|  |  |
| Alternative emergency contact: |
|  |
| Name: |  | Telephone Number: |  |
|  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| 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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