**BIDDENHAM INTERNATIONAL SCHOOL & SPORTS COLLEGE**

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| **PARENTAL/CARER CONSENT FORM** |

**PLEASE ATTACH THIS TO THE PARENTAL LETTER**

Please complete the permission form below and return to

I give permission for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_to

attend and take part in the residential educational visit on **25th – 27th November to The Eden Project and Stonehenge.**

1. **Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Emergency Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Before signing this Consent form it is important that you understand that:**

While the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the authority, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Bedfordshire Borough Council, its employees or official volunteers.

Please be aware that my son/daughter has the following medical needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I agree to my son/daughter 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.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please indicate how your son/daughter will make his/her way home from school/railway station (where

applicable). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Having read all the information sheets, I agree to my son/daughter taking part in the activities described.

**Signed (Parent/Carer):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_