**BIDDENHAM INTERNATIONAL SCHOOL & SPORTS COLLEGE**

**PARENTAL CONSENT FORM – FORM D**

*[A copy of a parental consent form must be completed by the parent/guardian of all young people involved in a visit or journey.]*

I am willing that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in Form \_\_\_\_\_\_\_\_\_ shall take part in the visit/journey to:

|  |  |
| --- | --- |
| 1. | University of Bedfordshire, Bedford, on Monday 27th June 2022 |

|  |  |
| --- | --- |
| **Emergency Contact Name:** |  |
| **Emergency Telephone Number:** |  |

Having read all the information sheets, I agree to his/her taking part in any or all of the activities described.

Before signing this Consent Form it is important that you understand that:

1. 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 County Council, its employees or official volunteers, and
2. That you read and understand the extent and limitations of the insurance cover provided (Appendix H). A copy of this is found printed within the official school student diary/planner.

**You should be aware of the following medical need:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to by child/ward 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/Guardian]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ 2022

Print Name *[Parent/Guardian]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate how your child/ward will make his/her way home from the venue or upon return to the railway station or school:**

**Biddenham International School Sixth Form**

**Higher Education Information Evening – Tuesday 28th June at 6.30pm**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name |  | Tutor Group |  |
| \*We will/will not be attending the HE Information Evening |
| Signed |  | (Parent/Carer) | Date |  |

**PLEASE RETURN AS SOON AS POSSIBLE**