

IVYBRIDGE COMMUNITY COLLEGE: CONSENT FORM

I consent to my son/daughter:
to taking part in all events with the Primary Performing Arts Academy at Ivybridge Community College from September 2019 – August 2020.

My son's/daughter's **Mobile Telephone Number** is:
(Please complete this information if your son/daughter carries a mobile telephone with them)

Email:

I understand that there may be times during the visit when my son/daughter may not be under the direct supervision of an adult.

I authorise the leaders of the party to obtain emergency medical treatment (including anaesthetics) should it become necessary. I understand the extent and limitations of the insurance cover provided. (Link to the insurance cover can be found on the College website.)

- Does your son/daughter suffer from any physical/medical conditions, which could be affected by this activity? YES/NO. If YES, please give details:
.....
- Does your son/daughter normally carry any medication? YES/NO. If YES, please give details:
.....
- To the best of your knowledge has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks which could become contagious or infectious? YES/NO If YES, please give details:
.....
- Is your son/daughter allergic to any medication? YES/NO If YES, please give details:
.....
- Has your son/daughter received a tetanus injection in the last 10 years? YES/NO
- Please outline any dietary requirements of your child:
.....
- I undertake to inform the Principal as soon as possible of any change in the medical circumstances between the date signed and the commencement of the journey.

I may be contacted by telephoning (please include STD Code):

Home Mobile Work

Address

..... Postcode

If I am not available, please contact:

Telephone number (including STD Code):

Name, address and telephone number of family doctor:

.....

Print Name..... Parent/Carer

Signed Parent/Carer Date