IVYBRIDGE COMMUNITY COLLEGE: CONSENT FORM

I consent to my son/daughter: ……………………………………………… Tutor Group: ……………

**taking part in an off-site activity during National Schools Sports Week between 3 – 7 July 2017.**

**Selected Activity: ......................................................................................................................................**

**Date of Activity: .....................................................................................................**

My son’s/daughter’s **Mobile Telephone Number** is: ………………………………………………

**(Please complete this information if your son/daughter carries a mobile telephone with them)**

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.)

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* Does your son/daughter suffer from any physical/medical conditions, which could be affected by this activity? YES/NO. If YES, please give details: ……………………………………................................................

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* Does your son/daughter normally carry any medication? YES/NO. If YES, please give details: ……………………………………………………………………………………………………….….……………............

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* 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: ……………………………………………………..................

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* Is your son/daughter allergic to any medication? YES/NO If YES, please give details: ……….......................................................................................................................................................................

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* Has your son/daughter received a tetanus injection in the last 10 years? YES/NO
* Please outline any dietary requirements of your child: ……………………………………………………………

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* 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: ..........................................................………………….

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Print Name........................................................................... Parent/Carer

Signed ................................................................... Parent/Carer Date ...........................…