

## **CONFIDENTIAL PARENTAL CONSENT FORM**

Student n	ame					
Tutor gro						
	or participation in the visit to					
Travel dat	te(s)					
Planned t	ransport arrangements					
Visit Leader						
MEDICAL INFORMATION Has been checked by parent on Parent View Have been checked by parent on Parent View Have been checked by parent on Parent View						
If you have any problems accessing Parent View please email <a href="mailto:SLG@arnoldhillacademy.co.uk">SLG@arnoldhillacademy.co.uk</a>						
TEMPORARY MEDICAL INFORMATION (applicable only during this trip) AND/OR ANY DIETARY INFORMATION NOT LISTED ON PARENT VIEW						
CONTACT DETAILS TO BE USED FOR THIS TRIP						
Name			Telephone No			
Nome			Email address			
Name			Telephone No Email address			
If your son/daughter's medical condition and/or contact details change prior to this trip, please notify the Visit Leader. If it is a permanent change then please update Parent View.  I agree to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that in emergency it may be necessary for pupils to be transported in staff vehicles. I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.  By completing and returning this consent form, I agree to make payment in full by the deadline(s) stated in the letter if my child is allocated a place on this trip. I understand that if I do not make the payment(s) on time, and there is a waiting list, the place will be offered to another pupil.  I understand that any monies paid may be non-refundable should my child withdraw or be removed from the trip  Signature of Parent						
Signed					Date	
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Please return this form to the Trips mailbox situated in PSU, B Block FAO Deb Campion