

## PARENTAL CONSENT FORM

This form has been produced for the parent/guardians of pupils from Treverbyn to complete with regards to visits/journeys/activities and gives the necessary authority to the school to take your child on the visit. PLEASE NOTE that in signing this form your rights are not affected in any way.

Visit/Activity:

Date(s) :

I wish my son/daughter.....(name)

to be allowed to take part in the above mentioned journey/visit and, having read the information provided, agree to him/her taking part in any or all the activities described.

I consent to any emergency medical treatment required by my child during the course of the visit.

I consent to my child travelling by any form of public or contracted transport

and/or in a motor vehicle driven by a member of staff.

If during the visit we need to contact you regarding health or behaviour issues (Mainly residential) please can you ensure the telephone number you enter below is the one on which we can contact you during the period of the visit.

Signature of Parent/Guardian	Date
Address	
	Telephone Number

**NOTES -** The Local Education Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money. If your child has an accident or suffers loss or damage to his/her personal effects and money, which is not as a result of any lack of care on the part of the LEA, its employees or agents, the LEA will not be able to pay any damages or meet any expenses arising. Similarly if your child incurs any liability towards a third part in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property the LEA will not be responsible for this unless it can be shown to be at fault in some way.