

**TORPOINT COMMUNITY COLLEGE**  
**PARENTAL CONSENT FORM** (Sep 18)

Data Protection Act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under the Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Authority, without your written consent.

1. Details of visit to: .....Isles of Scilly.....

From: (date/time) .....13<sup>th</sup> July 2019... To: (date/time) .....19<sup>th</sup> July 2019.....

2. Name of participant: ..... Tutor Group..... Age .....

3. Address: .....

4. Telephone Number: .....

5. Emergency Address and/or Telephone Number: (if different from above) .....

6. **Personal Information: Please give details requested below and any additional personal information which may be relevant. If you feel that the College should be aware of any new or existing medical conditions concerning your child, please contact their House Leader of Learning.**

A. Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?

YES  NO  If yes, give details: .....

B. Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleep walking, bed wetting?

YES  NO  If yes, give details: .....

C. Is he/she allergic to anything e.g. antibiotics, elastoplast, aspirin or any such medicines, any particular food/drink?

YES  NO  If yes, give details: .....

D. Is he/she actively sensitive to penicillin?

YES  NO  If yes, give details: .....

E. Is he/she receiving any medical treatment at present?

YES  NO  If yes, give details of illness/disability and treatment

F. Does your child have any other illness or disability that the visit leader should be aware of?

YES  NO  If yes, please give details

G. Date of last anti-tetanus injection:.....

H. Does he/she have any special dietary needs? .....

I. Can he/she swim 50 metres (if applicable)? YES  NO

J. Name, Address and telephone number of own Doctor: .....

7. Insurance: Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by Cornwall Council insurance in the event of negligence by one of its employees or agents. Details are available on request.

8. **Use of Digital / Video Images.** The use of digital / video images plays an important part in learning activities and staff / students may use these to record evidence of activities on trips and visits. These images may then be used in presentations in subsequent lessons, to celebrate success through their publication in newsletters, displays in the College, on the College website or Facebook page and occasionally in the public media. We will ensure that when images are used / published that the young people cannot be identified by the use of their names.

9. PARENTAL CONSENT:

- (i) I have read the information provided and agree to my son/daughter taking part in the above activities.
- (ii) I acknowledge the need for him/her to behave responsibly at all times, in accordance with the College's Behaviour for Learning Policy.
- (iii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- (iv) I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- (v) I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LA guidance.
- (vi) I understand that if my child is returned home after breaching the rules relating to the School's Drugs and Substance Misuse Protocol, I will need to meet the cost of these arrangements.
- (vii) I agree / do not agree\* to the College taking and using digital / video images of my child. I understand the images will only be used to support learning activities or in publicity that reasonably celebrates success and promotes the work of the College.

\*Please delete as appropriate

Signature: ..... Print: .....  
(Please print your name alongside your signature)

Date: .....

Please return this form, together with any deposit or payment required, to:

.....RECEPTION.....By (date) ..... 10<sup>th</sup> June 2019.....