



# **The Ten Tors Challenge 2025-26**

## **Parental Authorisation Pack** ***To Complete and Return***

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## TORPOINT COMMUNITY COLLEGE PARENTAL CONSENT FORM (Oct 24)

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 for Education's 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: .....Ten Tors Challenge 2025-6 Training & Main Event.....
2. From: (date/time) .....01/10/25..... To: (date/time).....20/5/26.....
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, give details: .....

.....

.....

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

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

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

.....

.....

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 in line with the image consent given.

9. PARENTAL CONSENT:

- (i) I have read the information provided and agree to my child taking part in the above activities.
- (ii) I acknowledge the need for my child 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: ..... Name: .....

( Please print your name alongside your signature)

Date: .....

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

.....Reception.....By (date) .....1<sup>st</sup> October 2025.....

## IMAGERY CONSENT & APPROVAL TO WALK TO / FROM COLLEGE FORM

### Imagery / Photographs / Video

Torpoint Community College takes the issue of child safety very seriously and would never knowingly take or use photographs of students without prior consent of the parent / carer or the child concerned. This form is to request permission to take photographs/videos of your child during training expeditions and The Ten Tors Challenge 2025 - 2026

No full names will be used with the images without the consent of parents or carer. The school would also like to ask for permission for your child's photograph to be used for the Ten Tors slide show USB on completion of the event. This will then be awarded to all those who have completed the Ten Tors Challenge in May 2026

### Permission To Walk To & From College

Students are of an age where they may be allowed to walk to and from College unaccompanied, for both meetings and the expeditions. However, as it is a College activity we still have a duty of care.

Please complete the permission section of the form below and return to the college as soon as possible.

Student's name .....

A. I CONSENT ☐ I DO NOT CONSENT ☐

To my child having their photograph / image taken during the training expedition and Ten Tors Challenge 2025-2026. These images may then be used in newsletters, displays in the College, on the College website or Facebook page and occasionally in the public media in line with the image consent given.

B. I CONSENT ☐ I DO NOT CONSENT ☐

To the photographs / images / video's being put on a slideshow and USB to be distributed after the main event.

A. I CONSENT ☐ I DO NOT CONSENT ☐

For my child to walk to and from College for Ten Tors expeditions and training meetings.

Signature: ..... Name: .....

(Parent / Carer - Please print your name alongside your signature)

Date: .....

## WHAT'S APP GROUP CONSENT FORM

### One Way WhatsApp Group

To assist Parents / Carers of Students undertaking Ten Tors 2025-6, we are proposing to create a one-way only WhatsApp Group to assist with distributing information of upcoming events.

As a one-way group, you will not be able to respond to the messages sent, but you would receive them. Your number would also be visible to other Members of the Group.

Could you also complete the permission section of the form below and return as soon as possible.

Student's name .....

A. I CONSENT ☐ I DO NOT CONSENT ☐

To my number(s) below being added to the one-way WhatsApp Group to receive information about Ten Tors events and information.

Signature: ..... Name: .....

(Parent / Carer - Please print your name alongside your signature)

Contact Number(s) for the WhatsApp Messaging:

Name: ..... Number: .....

Name: ..... Number: .....

Date: .....