# PARENTAL CONSENT FORM

This form must be completed by Parent/Guardian for any student wishing to take part in the team trials, if the participant is under 18 years and/or a vulnerable adult, or by the participant if over 18 years.

**Student Name:**

**Student’s mobile number:**

**Name of person completing this form:**

**Relationship to student:**

1. **Details of trip/activity:**

Visit to: **Sport trials at Runshaw College**

Date:

1. **Medical Information:**

a) Does the student have any condition(s) needing medical treatment? Yes

No

If ‘Yes’, please provide further details of their condition (please use a separate sheet if necessary):

If ‘Yes’, can you confirm that the student is able to administer their own medication? Yes

No

***Please ensure that your son/daughter has adequate supplies of medication and dosage for the whole visit***

Please provide details of their medication (please use a separate sheet if necessary):

Does the student have any allergies? Yes

No

If ‘Yes’, please give details (please use a separate sheet if necessary):

1. **Additional Support/Needs:**

Does the student require any extra support / have any additional needs that we need to be aware of?

Yes

No

If yes, please provide details (please use a separate sheet if necessary):

1. **Emergency contact and home address:**

 Name:

Address:

Telephone number: 2nd contact number:

 **Insurance Cover**

 I understand that the visit is insured in respect of legal liabilities (third party liability) but that my son/daughter has no personal accident cover. I also understand that any extension of insurance cover is my responsibility unless advised differently by the College.

1. **Declaration:**
	* I agree to the student named above going on the above trip and having read the information sheet, agree to participation in any or all of the activities described.
	* I agree the need for my son/daughter to behave appropriately throughout the trip and failing to do so could result in disciplinary action being taken.
	* I will inform the Party Leader as soon as possible of any change in medical circumstances up to the start of the trip.
	* I understand that I may be asked to provide further information in respect of my son’s/daughter’s support needs.
	* I agree to inform the College if there are religious beliefs which could prevent medical treatment.
	* I agree to the student receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.
	* I give permission for the College to take photographs of the student in this event on the understanding that they will be used appropriately.
	* I am aware of the levels of insurance cover.
	* I am enclosing a signed copy of the Colleges’ Code of Conduct.

**Signed:**

**Date:**

Parent / Guardian (please delete as applicable)

**Please return this letter ASAP to: John Wildbore**

Email: wildbore.j@runshaw.ac.uk

The data provided on this form will only be used if required for this trip.

**Please note: The student will not be allowed to trial without a fully completed consent form.**