

## 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:

**2 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):

---

**3 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):

---

---

**4 Emergency contact and home address:**

Name:

---

Address:

---

Telephone number:

2<sup>nd</sup> 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.

**5 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](mailto: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.**