

SCHOOL LETTERHEAD

OFF-SITE CONSENT FORM

School

Activity

Date(s)

Name of Student Tutor Group

Date of Birth

Consent

Tick Box

- | | | |
|---|---|--------------------------|
| 1 | I give my permission for to take part in the 14-19 activity. | <input type="checkbox"/> |
| 2 | I will encourage and support to take full advantage of his/her involvement in the project. | <input type="checkbox"/> |
| 3 | I understand that information may be collected to monitor progress and demonstrate success of the project. | <input type="checkbox"/> |
| 4 | I consent to travelling by any form of public or contracted transport and/or in a motor vehicle driven by a qualified member of the centre. | <input type="checkbox"/> |

Medical Information

In order to help us to ensure your child's safety at all times, please provide us with any medical information that we should know of, eg epilepsy; asthma; or any allergies.

.....

Details of Family Doctor

Name and Address

..... Tel No

I hereby give permission for staff to obtain or render properly qualified medical assistance. I see no medical reason why the above named student should not take part in the activity.

I have read and understood the above information.

Signature of parent/carer Date

Address

Contact Telephone No: Home

Work

Mobile