



CHURCHILL COMMUNITY COLLEGE

PARENTAL CONSENT: FORM 4

School/Group: Churchill Community College

Details of visit to: **ALL EXTRA CURRICULAR ACTIVITIES 2012/2013**

I agree to (name) (date of birth)

taking part in this visit/activity and have read the information sheet. I agree to 's participation in the activities described. I acknowledge the need for my child to behave responsibly and I also agree to him/her being photographed during activities for College promotional material, Website and future prospectus.

Medical Information about your child:

Any medical conditions requiring medical treatment including medication/ **YES/NO**

If yes please give details:

Is your son/daughter allergic to any medication? **YES/NO**

If yes please give details:

When did your son/daughter last have a tetanus injection?:

Declaration:

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: Home:

Home Address:

Alternative emergency contact details:

Work: Home:

Home Address:

Name of family doctor

Name: Contact number:

Address:

Parent/carer signature: Date:

Full name (capitals):

Departmental approval

Print Name: (subject Co-ordinator)

Signed: (subject Co-ordinator)

Finance

Estimated cost of visit:	Transport	£
	Accommodation	£
	Fees etc	£
	Supply Teacher	£
	TOTAL COST	£

Source of Funding:

Finance Department Approval:

Budget Holder's Signature:

Names of any other adults accompanying the party:

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Size and composition of the party

Age range/Year group: **Adult to pupil ratio:**

Number of girls: **Number of boys:**

Signed: (group Leader) **Date:**