



Icknield Community College

Headteacher: Mr M Hunter, BA (Hons), MSc, NPQH
Love Lane, Watlington, Oxfordshire, OX49 5RB



Parental/Carer Consent Form

Student's name: Tutor Group:.....

Proposed visit and activity(ies) : **Bronze Expedition**

Date of trip: **20-21 September 2019**

I have read the attached letter for this visit and agree to my son/daughter named above attending and participating fully in the proposed activities.

I agree to inform the Trip Leader of any change in my son/daughter's medical or other condition(s) or any other relevant circumstances before the start of the visit.

I agree to pay the contribution of **£49** as detailed in the letter.

I have paid on +Pay

I enclose a cheque payment

I enclose a cash payment.

I agree to collect my child at the stated time, if applicable.

I understand the extent and limitations of the insurance cover provided (available on the school website).

If you have changed your mobile/home/work telephone numbers within the last six months, and you believe your child's SIM record may not up to date, please provide details below:

Home telephone no.:

Mother/Carer mobile tel no. :

Mother/Carer work tel no. :

Father/Carer mobile tel no. :

Father/Carer work tel no. :

PLEASE LIST ANY RELEVANT MEDICAL CONDITIONS, ALLERGIES AND DIETARY REQUIREMENTS RELATING TO THIS TRIP

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I agree to my son/daughter receiving any and all emergency treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise.

Although regrettable, there are occasions when it may not be possible to accommodate persons with particular or extensive conditions or special needs on some visits or in some activities since their health and safety may be placed at unacceptable risk. In such cases, the decision of the Headteacher is final.

Name (Please print):

Signed: Date:

(Parent/Carer)