



PARENTAL CONSENT FORM

Visit to Windsor Castle – Date Thursday 04nd July 2019 – Aquila College

I wish my son/daughter to be allowed to take part in the visit to Windsor Castle on Thursday, 4th July 2019 and having read the letter, agree to his/her taking part in any or all of the activities described.

I understand that, while the College staff in charge of the party will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son / daughter arising during or out of the visit. I therefore agree to indemnify Riddlesdown Collegiate, its employees and agents against all liability or injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child.

I confirm that my child is medically fit to undertake this visit, but should a situation arise that my child suddenly becomes ill prior to the trip I will notify the organiser of the trip. I consent to any emergency medical treatment necessary during the course or visit. I will declare any medical / religious reasons why my child should not receive medical care until I am contacted. I have ensured that my child understands that it is important for his / her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.

I have paid £14.50 as a donation in parent pay to assist Riddlesdown Collegiate in defraying the cost of the College trip.

Students will be returned to Riddlesdown Train Station. They should be collected by a parent/carer or permission will be required for them to go home alone. Please advise arrangements below:

My childwill be collected from the train station.

Or

I give permission for my childto be dismissed directly from Riddlesdown Train Station.

Signed:

Date:

Parents name:

Telephone:

Address:

Telephone:

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Child's Name:

.....

Tutor Group:

Postcode:

College:

Please give details below if your child suffers from any condition of which you feel the party leader should be aware.

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Under no circumstances will students be taken out on this visit unless this consent Form is completed and returned prior to the visit.

Trip Organiser: Heather J. Hay **Please return this form to Miss Hay in Aquila College**



PARENTAL CONSENT FORM

Visit to Windsor Castle – Date Monday, 1st July 2019 – Orion College

I wish my son/daughter to be allowed to take part in the visit to Windsor Castle on Monday, 1st July 2019 and having read the letter, agree to his/her taking part in any or all of the activities described.

I understand that, while the College staff in charge of the party will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son / daughter arising during or out of the visit. I therefore agree to indemnify Riddlesdown Collegiate, its employees and agents against all liability or injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child.

I confirm that my child is medically fit to undertake this visit, but should a situation arise that my child suddenly becomes ill prior to the trip I will notify the organiser of the trip. I consent to any emergency medical treatment necessary during the course or visit. I will declare any medical / religious reasons why my child should not receive medical care until I am contacted. I have ensured that my child understands that it is important for his / her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.

I have paid £14.50 as a donation in parent pay to assist Riddlesdown Collegiate in defraying the cost of the College trip.

Students will be returned to Riddlesdown Train Station. They should be collected by a parent/carer or permission will be required for them to go home alone. Please advise arrangements below:

My childwill be collected from the train station.

Or

I give permission for my childto be dismissed directly from Riddlesdown Train Station.

Signed:

Date:

Parents name:

Telephone:

Address:

Telephone:

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Child's Name:

.....

Tutor Group:

Postcode:

College:

Please give details below if your child suffers from any condition of which you feel the party leader should be aware.

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Under no circumstances will students be taken out on this visit unless this consent Form is completed and returned prior to the visit.

Trip Organiser: J Relph **Please return this consent form to Miss Relph in Orion College**



PARENTAL CONSENT FORM

Visit to Windsor Castle – Date Wednesday, 3rd July 2019 – Pegasus College

I wish my son/daughter to be allowed to take part in the visit to Windsor Castle on Wednesday 3rd July 2019 and having read the letter, agree to his/her taking part in any or all of the activities described.

I understand that, while the College staff in charge of the party will take all reasonable care of the students, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son / daughter arising during or out of the visit. I therefore agree to indemnify Riddlesdown Collegiate, its employees and agents against all liability or injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child.

I confirm that my child is medically fit to undertake this visit, but should a situation arise that my child suddenly becomes ill prior to the trip I will notify the organiser of the trip. I consent to any emergency medical treatment necessary during the course or visit. I will declare any medical / religious reasons why my child should not receive medical care until I am contacted. I have ensured that my child understands that it is important for his / her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.

I have paid £14.50 as a donation in parent pay to assist Riddlesdown Collegiate in defraying the cost of the College trip.

Students will be returned to Riddlesdown Train Station. They should be collected by a parent/carer or permission will be required for them to go home alone. Please advise arrangements below:

My childwill be collected from the train station.

Or

I give permission for my childto be dismissed directly from Riddlesdown Train Station.

Signed:

Date:

Parents name:

Telephone:

Address:

Telephone:

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Child's Name:

.....

Tutor Group:

Postcode:

College:

Please give details below if your child suffers from any condition of which you feel the party leader should be aware.

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Under no circumstances will students be taken out on this visit unless this consent Form is completed and returned prior to the visit.

Trip Organiser: Anna Jones



PARENTAL CONSENT FORM

Visit to Windsor Castle – Date: Tuesday 2nd July 2019 – Phoenix College

I wish my son/daughter to be allowed to take part in the visit to Windsor Castle on Tuesday 2nd July 2019 and having read the letter, agree to his/her taking part in any or all of the activities described.

I understand that, while the College staff in charge of the party will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son / daughter arising during or out of the visit. I therefore agree to indemnify Riddlesdown Collegiate, its employees and agents against all liability or injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child.

I confirm that my child is medically fit to undertake this visit, but should a situation arise that my child suddenly becomes ill prior to the trip, I will notify the organiser of the trip. I consent to any emergency medical treatment necessary during the course or visit. I will declare any medical / religious reasons why my child should not receive medical care until I am contacted. I have ensured that my child understands that it is important for his / her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.

I have paid £14.50 as a donation in parent pay to assist Riddlesdown Collegiate in defraying the cost of the College trip.

Students will be returned to **Riddlesdown Train Station**. They should be collected by a parent/carer or permission will be required for them to go home alone. Please advise arrangements below:

My childwill be **collected from the train station**.

Or
I give permission for my childto be **dismissed directly from Riddlesdown Train Station**.

Signed:

Date:

Parents name:

Telephone:

Address:

Telephone:

.....

Child's Name:

.....

Tutor Group:

Postcode:

College:

Please give details below if your child suffers from any condition of which you feel the party leader should be aware.

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Under no circumstances will students be taken out on this visit unless this consent Form is completed and returned prior to the visit.

Trip Organiser: Mr J Brazendale - **Please return consent form to Mr J Brazendale Phoenix College**

