

Consent Form

Y11 'An Inspector Calls' Theatre visit – Thursday 16 April 2020

Student's Name/Form/DOB/Year	
MEDICAL Please confirm any medical conditions your child suffers from which the visit leader needs to be aware of. If your child takes medication please state the below the medication, timings, dosage, side effects and how administered Does your child have any allergies or special dietary requirements	
CONSENT I agree to my son/daughter's involvement in all aspects of the visit as outlined in the covering letter I declare that my child, to the best of my knowledge, is medically fit to participate in the theatre visit: <ul style="list-style-type: none">• As far as I am able to do so, all illnesses, allergies and medications have been declared.• I give permission for school staff to authorise the administration of any necessary medical or dental treatment to my child in the event of accident or illness during the trips.• I understand there are aspects of the visit that are of a hazardous nature and that, whilst the staff in charge of the party will take all reasonable care of the student, risk management is a two-way process requiring reasonable standards of behaviour from the student. Signature of Parent/Carer	
DECLARATION of Standard of Behaviour The following rules regarding behaviour and general conduct must be followed. <ol style="list-style-type: none">1. Courtesy and commonsense should be shown at all times.2. Any instructions by any adult (teacher, driver, instructor, etc) connected to the trip must be followed at all times.3. I understand that there may be times when I am not under direct supervision. However, at all times I will be under clear instructions regarding my behaviour.4. The use of alcohol, tobacco or other prohibited substances is not permitted at any time. Signature of Student	
Please Print Name.....	
PARENTAL CONTACT DETAILS DURING THE TRIP: Mobile: _____ Home/Work: _____ Home address: _____ Alternative contact (name): _____ Telephone No.: _____ Address: _____ Relationship to student: _____ Name of family doctor: _____ Telephone No.: _____ Address: _____	

Please return this form to Student Reception no later than Friday 20 December 2019