

PARENTAL CONSENT FORM



Name of Rockley Adventure Centre:Proposed Date of Trip:.....

Please complete the form and return it to(teacher organising trip) as soon as possible and no later than(date)

PUPILS DETAILS

Surname:..... Forename:..... Male/Female

DOB: Age: Home Tel: Nationality:

Address:

.....Postcode:

CONTACT DETAILS

Name of parent / guardian:

Daytime tel: Evening tel: Mobile:

Name of other contact: Relation:

Daytime tel: Evening tel: Mobile:

DOCTOR'S CONTACT DETAILS

Name of Doctor:

Surgery Address:

Daytime tel: Fax:

CONSENT TO PARTICIPATION

I wish the above named participant to be allowed to take part in the above named trip and consent to him/her taking part in all activities. I have ensured that my son/daughter is willing to participate in all aspects of the trip. In the event of an emergency and the School or Rockley Adventure being unable to contact me, I give permission for any medical treatment deemed necessary to ensure the well being of the above named to take place.

CANCELLATION

I understand that deposits and monies paid are non-refundable, unless the reason for cancellation is covered by the insurance policy.

TERMS AND CONDITIONS

I have read and agree to the Terms and Conditions for the above trip.

BEHAVIOUR AND CONDUCT

I have read, together with the above named participant and we agree to the Behaviour and Conduct guidelines for the above trip and understand the consequences of breaching these guidelines.

CONSENT TO MEDICAL TREATMENT

In the event of an emergency and the school or Rockley Adventure being unable to contact me, I give permission for any medical treatment, including any operation necessary to ensure the well-being of the above named to take place.

Parent/Guardian signature: Date: