

Student Educational Visit – Parental Consent Form

**Dungeness Power station – 27<sup>th</sup> / 28<sup>th</sup> February / 1<sup>st</sup> March 2017**

I have read the Parents Information Letter and I agree to my son/daughter taking part in the activities described and acknowledge the need for him/her to behave responsibly. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules or instructions given by the staff in charge are obeyed and I will impress this upon him/her. I understand that each child is responsible for his/her own personal property. **If trust is broken by a student whilst on a school visit and it is necessary that the student return home, the parent/s would have to pay for the transport home.**

I understand that, whilst the school staff and helpers in charge of the party will take all reasonable care of the students (in line with the School's Visit Policy) unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child arising during or out of the journey.

I give permission for my son/daughter \_\_\_\_\_ of form \_\_\_\_\_ to attend this trip and include a **£5.00p** (cash/cheque) contribution towards the costs.

Please state any illness, allergies, or condition requiring medical treatment: \_\_\_\_\_

I consent to my child being dismissed from Rye Sports centre if we arrive back before 3.20:   
I would like my child to stay at Rye College to be dismissed at 3.20:

I consent to my child receiving any emergency medical or surgical treatment, as considered necessary by the medical authorities present: Yes  No

Please outline any special dietary requirements: \_\_\_\_\_

If your child is entitled to Free School Meals the school can provide a basic packed lunch if you require it. **Please tick this box if you require a Free School Meal Packed Lunch:**

As this trip returns after school finishes, how will your child be getting home?  
\_\_\_\_\_

Emergency contact details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

**Please return this form to Reception by 4<sup>th</sup> February 2017**