

**CONSENT OF PARENT OR CARER FOR STUDENT'S PARTICIPATION IN SCHOOL
VISIT/ACTIVITY**

VISIT/ACTIVITY TO: _____

I apply for a place on the visit for my daughter/son

FULL NAME: _____ **TUTOR GROUP** _____

If a place is available, I agree:-

1. To pay a deposit of £ _____
2. To complete the payment of the total amount by the date detailed.

I understand that the deposit is non-refundable unless:-

1. I cancel the place before any expenses are incurred or any commitments are entered into.
2. The visit is cancelled.

I agree to pay the full cost of the visit in the event of any withdrawal of the above student without good reason which is not covered by insurance – a copy of which is available on request.

There are no known medical reasons or existing conditions why the above student cannot take part in the proposed trip/activity.

(PLEASE NOTE: Pre existing medical conditions may not be covered by the school insurance – please contact the Finance department for further help and advice)

I authorize members of staff during the trip/activity to approve any medical treatment for the above student as deemed necessary in an emergency on the advice of a qualified medical practitioner.

I agree to collect/make arrangements for the collection of the above student at the agreed time.

Signed: _____ (Parent/Carer) Date: _____

Name: _____ (Block Capitals)