CITY COLLEGE PLYMOUTH – OFF-SITE ACTIVITIES & PARENTAL CONSENT FORM

PART 1 – Trips and activities provided within the college

TO BE COMPLETED BY (SELECT OPTION BELOW) *(tick appropriate box)*

- ☐ The parent/guardian of a student who is **under** 18 years of age – for consent
- ☐ For students **over** the age of 18 – for information purposes

The completed form approves for your son/daughter to take part in these activity/ies outside of the College.

1 Personal details

College department

Activity organiser

Name of student

Date of birth

2 Details of the activity

Visit/Activity/ies: Trips in and around Plymouth are required by a tutor.

Please give details

Date/s & times – please give details

Your attention is drawn to the attached information provided by Risk Assessment, undertaken for these/this activity/ies. N/A

Water based activities *(please specify swimming ability by ticking the relevant box)*

- ☐ Non-swimmer
- ☐ Less than 50m
- ☐ More than 50m
- ☐ Water confident

3 Special details

Please provide any relevant information concerning your, or your son/daughter's health or diet, requiring special attention, but which does not prevent him/her taking part in the activity/ies.

Question	YES	NO	If YES, please give details
a) **Any allergies (nuts/medication)?**	☐	☐	
b) **Any medication?**	☐	☐	
c) **Experience travel sickness?**	☐	☐	
d) **Have diabetes, asthma, or epilepsy?**	☐	☐	
e) **Any recent illness?**	☐	☐	
f) **(For residential visits only) Recent contact with any contagious or infectious diseases?**	☐	☐	

g) When did your son/daughter last have a tetanus injection? (date)

h) Any special dietary requirements

i) Any further relevant information

j) Name of the GP

Tel

Address of the GP

I will inform the activities organiser as soon as possible of any changes to medical or other circumstances between now and the commencement of the activity/ies.

I agree to my son/daughter receiving medication as instructed, and any emergency dental, medical, or surgical treatment; including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

4 Contact details

Name

Home

Address

Mobile

ALTERNATIVE EMERGENCY CONTACT

Name

Home

Address

Mobile

5 Data protection

As a result of the City College Plymouth duties and obligations to the health & safety it is necessary to obtain and process information about your son/daughter's physical and mental health to ensure fitness and suitability for this activity. This information may be passed to our College insurers and such statutory departments as is necessary to comply with legal obligations. Without your consent, the offer of activity may have to be withdrawn to process this information.

6 Declaration

I agree to my son/daughter _____ taking part in the activity/ies detailed on this form and its attachments, and to the City College Plymouth processing personal data contained within this form in line with the data protection statement above.

Signed

Date

Print name

CITY COLLEGE PLYMOUTH – OFF-SITE ACTIVITIES & PARENTAL CONSENT FORM

PART 2 – Activities where the young person is away from the college and the host family or halls of residence

This form is intended to provide guidance and act as a reminder for parents/carers when giving consent for a student to take part in an independent activity that has not been planned or arranged by the College. It also encourages parents/carers to discuss important matters with their young person, including any relevant medical, wellbeing or safety information, before the activity takes place. This form must be submitted to the host family and college at least 2 working days before any trip takes place.

Send the completed form to the International mailbox: international@cityplym.ac.uk

TO BE COMPLETED BY (SELECT OPTION BELOW) *(tick appropriate box)*

- ☐ The parent/guardian of a student who is **under** 18 years of age – for consent
- ☐ For students **over** the age of 18 – for information purposes

The completed form approves for your son/daughter to take part in independently arranged trips that must be reviewed or authorised by the college or the host family for a maximum of 5 consecutive days.

1 Personal details

College department

Activity organiser

Name of student

Date of birth

2 Details of the activity

Visit/Activity/ies – please give details

Date/s & times – please give details

3 Special details

This section has been specifically included for parents/carers to ensure they are notified of, and review, specific and important safety information.

Question	YES	NO
a) **Any allergies (nuts/medication)?**	☐	☐
b) **Any medication?**	☐	☐
c) **Experience travel sickness?**	☐	☐
d) **Have diabetes, asthma, or epilepsy?**	☐	☐
e) **Any recent illness?**	☐	☐
f) **(For residential visits only) Recent contact with any contagious or infectious diseases?**	☐	☐

g) When did your son/daughter last have a tetanus injection? (date)

I will inform the activities organiser as soon as possible of any changes to medical or other circumstances between now and the commencement of the activity/ies.

I agree to my son/daughter receiving medication as instructed, and any emergency dental, medical, or surgical treatment; including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

If the young person is absent from the host family and the college without any prior notice the parents will be contacted immediately and a formal warning letter will be issued which the parents must sign and return.

4 Contact details

Name

Home

Address

Mobile

ALTERNATIVE EMERGENCY CONTACT

Name

Home

Address

Mobile

5 Data protection

As a result of the City College Plymouth duties and obligations to the health & safety it is necessary to obtain and process information about your son/daughter's physical and mental health to ensure fitness and suitability for this activity. This information may be passed to our College insurers and such statutory departments as is necessary to comply with legal obligations. Without your consent, the offer of activity may have to be withdrawn to process this information.

6 Declaration

I agree to my son/daughter _____ taking part in the activity/ies detailed on this form and its attachments, and to the City College Plymouth processing personal data contained within this form in line with the data protection statement above.

Signed

Date

Print name

Submit this form to the host family and the College at least 2 working days before the activity.
Send the completed form to the International mailbox: international@cityplym.ac.uk