

# Riddlesdown Collegiate



## PARENTS CONSENT FORM – Orion and Pegasus

Visit to **Fishbourne** – Wednesday 3<sup>rd</sup> February

I wish my son / daughter ..... to be allowed to take part in the visit to **Fishbourne Palace** on **Wednesday 3<sup>rd</sup> February** and having read the letter, agree to his / her taking part in any or all of the activities described.

I understand that while the College staff in charge of the party will take all reasonable care of the student's, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son / daughter arising during or out of the visit. I therefore agree to indemnify Riddlesdown Collegiate, its employees and agents against all liability or injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child.

I confirm that my child is medically fit to undertake this visit, but should a situation arise that my child suddenly becomes ill prior to the trip I will notify the organiser of the trip. I consent to any emergency medical treatment necessary during the course or visit. I will declare any medical / religious reasons why my child should not receive medical care until I am contacted. I have ensured that my child understands that it is important for his / her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed.

I have paid via Parent Pay to assist Riddlesdown Collegiate in defraying the cost of the College Trip / I have enclosed **£14** cash as a donation to assist Riddlesdown Collegiate in defraying the cost of the College trip. **(Please delete as appropriate)**

Signed: ..... Date: .....

Parents name: ..... Telephone: .....

Address: ..... Telephone: .....

..... Child's Name: .....

..... Tutor Group: .....

Postcode: ..... College: .....

Please give details below if your child suffers from any condition of which you feel the party leader should be aware.

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Under no circumstances will students be taken out on this visit unless this consent form is completed and returned prior to the visit.

**Name of Organiser: Mr Jay Weeks**  
**College: VI**