



Middlesbrough College

Form of Consent for Visit

I, (parents name)
hereby grant full authority to: all Travel staff or other party leader(s) to act "in loco parentis" in respect of my son/daughter* during the visit by Middlesbrough College.

To: in the period to

I understand that the words "in loco parentis" means that the party leader(s) shall have the same authority in respect of my son/daughter* to enter into such recreational, educational, sporting and other activities as may be considered by the party leader(s) to be in his/her* interest. The consent already given in respect of the party leader(s) being "in loco parentis" to my son/daughter* shall apply to any activities undertaken in this regard. I understand that this consent includes emergency medical treatment, which may be deemed necessary.

I have indicated on the Medical Fitness and Emergency Form any medical information I believe the organiser should be aware of.

Signature

Relationship to Learner

Date

*delete as necessary

Please Complete and Return by



Middlesbrough College

CONFIDENTIAL Parental Consent, Medical Fitness and Emergency Contacts

Name of Learner:	
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Directorate:	Sport, Travel and Public Services
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The purpose of this form is for the parents/ guardians of the learner who is younger than 18 years of age and enrolled to a College course to provide parental consent to activities associated to the course.

This includes visits, sports and outdoor activities described in the course information and work experience placements.

Information will be provided for the parents on any visits which will involve a late return and of any work placement arrangements.

Specific consent will be sought for any visits involving an overnight stay or for any visits which are clearly extra and not part of the planned curriculum. In all cases the College accepts its duty of care to the learner. Information provided will help the College carry out this duty.

Has the person named above any of the following medical conditions:	Yes	No
Recurrent bronchitis		
Asthma tuberculosis		
Heart disorder		
Diabetes		
Seizure		
Nervous disorder		
Skin disorder		
Muscular skeletal problems (which affect movement or the capacity to move objects (e.g. back trouble)		
Sensory deficiencies (colour blindness, loss of sense of smell, partial deafness)		

If you have answered "Yes" to any of the questions please provide details:	
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Does the person have any allergies or sensitivities to substances? Please explain:	
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Please declare any phobias e.g. heights or confined spaces:	
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Please declare any other illnesses, deficiencies or known pregnancy if not mentioned above:	
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Please declare any conditions requiring medical treatment, including medication. If there are no conditions please state:	
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For any off-site activities please outline any special dietary requirements of the above person and the type of pain/flu relief medication that may be given if necessary:	
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Is the above person allergic to any medication? If so please list.	
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In the case of any circumstances where an emergency arises and urgent action is required and subject to attempts to contact myself, I agree to my son/daughter receiving medication, according to any instructions from myself, and any emergency dental, medication or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature:

Date:

Full name (capitals):

CONFIDENTIAL
Parental Consent, Medical Fitness and Emergency Contacts

Name of Learner:	
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Directorate:	Sport, Travel and Public Services
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Parent/guardian contact details			
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Name:				
Home address:				
Telephone:	Home:		Work:	

Alternative emergency contact			
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Name:				
Address:				
Telephone:	Home:		Work:	

Family doctor	
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Name:	
Address:	
Telephone:	

I agree to the above learner taking part in the course activities.

Signature:

Date:

Full name (capitals):