



# Tavistock COLLEGE

Principal: Mrs Sarah Jones BSc (Hons), PGDip, M.Ed

Crowndale Road, Tavistock, Devon PL19 8DD  
Tel: 01822 614231, Fax: 01822 612030  
E-mail: office@tavistockcollege.devon.sch.uk  
Website: www.tavistockcollege.devon.sch.uk



## PARENTAL CONSENT FORM FOR OFF-SITE ACTIVITIES

Dear Parents/Carers

This form relates to the forthcoming trip or activity for which you have already received details. In order to signify consent for your son/daughter to take part in the trip/activity, please complete the following details and return to College.

VISIT OR ACTIVITY:	
<b>BLOOD BROTHERS THEATRE TRIP TO BRISTOL HIPPODROME</b>	
DATES:	
<b>WEDNESDAY 19<sup>TH</sup> APRIL 2017</b> <b>Please attend tutor then go to DR2 – return approximately 8.30pm</b>	
NAME OF STUDENT:	TUTOR GROUP
STUDENT'S MOBILE PHONE NUMBER:	
<i><b>SPECIAL DETAILS:</b></i> Please provide <b>full details</b> of any health concerns/needs for son/daughter and any special dietary requirements - this should not prevent him/her from taking part in the trip/activity	

1. I would like my son/daughter to take part in the above mentioned visit or activity and, having read the information provided, agree to him/her taking part in any or all of the trip/activities described.
2. I consent to any emergency medical treatment required by my son/daughter during the course of the trip/activity.
3. I confirm that my son/daughter is in good health and I consider him/her fit to participate.
4. I am happy for my son/daughter's name to be displayed on the College website beside his/her image ( ) tick

**SIGNED:** ..... Parent/Carer      **PRINT NAME:**.....

**ADDRESS:** .....

**TELEPHONE NUMBER:** Mobile: ..... Home: .....

**DATE:** .....

**Together: we care, we challenge, we excel**

