



Tavistock COLLEGE

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PARENTAL CONSENT FORM

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: Workshop for Blood Brothers run by Stage-Ed	
DATES: Saturday 12th November 2016 9am – 4pm	
NAME OF STUDENT:	TUTOR GROUP
STUDENT'S MOBILE PHONE NUMBER:	
SPECIAL DETAILS: Please provide full details 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
5. I confirm that I will make necessary arrangements for my son/daughter to be collected from the College at 4pm.

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

ADDRESS:

TELEPHONE NUMBER: Home: Mobile:

DATE:

Together: we care, we challenge, we excel

