Form SO(iii)

## **CORNWALL EDUCATION COMMITTEE**

## PARENTAL CONSENT FORM

School:

This form has been produced for parent/guardians of young people to complete with regard to visits and journeys and gives the necessary authority to the school/youth group to take your child on the visit. PLEASE NOTE that in signing this form your rights are not affected in any way.

Sir Robert Gefferv's School

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Visit/	Activity:				
Date(	<b>s)</b> :				
I wish	my son/daugl	nter			
		ke part in the above-mention d, agree to him/her taking pa			
1.	I consent to any emergency medical treatment required by my child during the course of the visit.				
2.	I confirm that my child does not suffer from any medical condition requiring regular treatment <b>OR</b> my child suffers from				
3.	I consent to my child travelling by any form of public or contracted transport.				
Signa	ture of Parent	/Guardian		Date	
Addre	ess				
				Tel No	

NOTES: There is in force a policy of insurance in respect of this trip which provides cover for the matters referred to below.

The Local Education Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.

If your child has an accident, or suffers loss or damage to his/her personal effects and money, which is not as a result of any lack of care on the part of the LEA, its employees or agents, the LEA will not be able to pay any damages or meet any expenses arising.

Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property, the LEA will not be responsible for this unless it can be shown to be at fault in some way.