

PARENT, GUARDIAN OR CARER CONSENT FORM

For campus activities and trips

This form has been produced for completion by persons having responsibility for the welfare of students under the age of 18, or vulnerable adults with special needs. Such persons will include Parents, Guardians and others entitled to provide authorisation. The form gives the necessary authority to the College to take your son, daughter or ward on off-site activity and journeys. PLEASE NOTE that in signing this form your rights are not affected in any way.

The below is an overview of the type of activities, events and trips that the College and Cornwall College Students' Union (CCSU) deliver. Please tick the activities you consent your son/daughter or ward to attend.

Any adventurous trips/events considered a higher risk will require an additional consent form to ensure the safety of our learners.

ALL DEPARTMENTS AND CCSU

Activity	Please Tick	Activity	Please Tick
General minibus travel (various sites)		Attending offsite workshops/training	
Onsite College and CCSU activities		Low risk chaperoned visits	

ALL OF THE ABOVE ☐

I wish my son/daughter/ward (name)..... (Date of birth).....

To be allowed to take part in general Educational Trips and Visits organised by the College. I also agree to them taking part in any or all the specific activities described above.

1. I consent to any emergency medical treatment required by my son/daughter/ward during the course of the visit.
2. I confirm that my son/daughter/ward does not suffer from any medical condition requiring regular treatment, and is not allergic to any form of medication.

OR

My son/daughter/ward suffers fromrequiring regular treatment (e.g. diabetes, asthma). If your son/daughter/ward suffers from a particular complaint, or an allergic reaction to medication, please enclose a letter giving details of the complaint and its treatment or allergic reaction.

3. I consent to my son/daughter/ward travelling by any form of public or contracted transport and/or in a vehicle driven by a qualified member of staff.

Name of Parent/Guardian :	
Signature of Parent/Guardian :	DATE:
Address:	
Telephone No.	Mobile.

By signing this form I hereby consent to the processing of my personal data in line with the Cornwall College Privacy Notice (available at www.cornwall.ac.uk/governance/your-information)

I acknowledge that it is my responsibility to make The Cornwall College Group aware of any and all changes to the above information.

NOTES

The College through its employees and agents will at all times take reasonable care of your son/daughter/ward. If they have an accident or suffer loss of or damage to their personal effects and money, which is not as a result of any lack of care on the part of the College, its employees or agents, the College will not be able to pay any damages or meet any consequent expenses. Similarly if your son/daughter/ward incurs any liability towards a third party in respect, for example, of any injury caused by them to that third party, or damage caused to the third party's property, the College will not be responsible for this unless it can be shown to be at fault in some way. Details of College insurance cover can be provide on request.