

**Consent Form**

<b>Visit to:</b>	LMC College 15 May 2024
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**Parent / Carer to complete below.**

<b>Child's name</b>	<b>Date of Birth</b>	<b>Form</b>
<b>Address</b>		
<b>Emergency Contact Details – Please provide two contacts</b>		
<b>1. Name and relationship to child</b>	<b>Contact No.</b>	<b>Alternative No.</b>
<b>2. Name and relationship to child</b>	<b>Contact No.</b>	<b>Alternative No.</b>
<b>Additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc.) which may affect him /her during the visit:</b>		

**Declaration by Parent/Carer:**

- In the case of an emergency, I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed visit.
- I consent to my child taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned; subject to any agreed adjustments.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Service prior to the visit.

**Signature of Parent/Carer** ..... **Date**.....

Name of parent/carers in block letters: .....

**Completed form to be returned to School office by Monday 13 May 2024**