Medina College

| Parental/Legal Guardian Consent Form for any school related Educational visit run by Medina College |
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| Journey/Visit to: Year 7 Team Building Trip to PGL Little Canada – Thursday 10 September 2026<br><br>Trip Organiser: Mr N Binfield |
| Details of Journey: Coach from Medina College to Little Canada in the morning. Collection in the afternoon will be by parents from little Canada at 4.30 pm. Students will participate in an exciting team building day. |
| I agree to my child (name) (Tutor Group) (date of birth)<br><br>Taking part in the above mentioned visit and, having read the information sheet, agree to my child's participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on their part. |
| Medical information:<br>Does your child suffer from any condition/allergy, etc requiring medical treatment, including medication? If YES, please give details |
| To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? If YES please give brief details |
| Is your child allergic to any medication? If YES please specify |
| Has your child received a tetanus injection in the last five years? YES/NO<br><br>Please give details if known |
| Please outline any special dietary requirements of your child: |

I undertake to inform the party leader as soon as possible of any change in medical circumstances between the date signed and commencement of the journey

PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

DECLARATION

In the unlikely event of my child withdrawing from the journey, I understand that I will be responsible for any costs that cannot be recovered by virtue of the insurance cover provided.

I understand that I am responsible for any damage or injury caused by my child during their time away, except accidental damage or injury, and fully indemnify the organiser of the journey in respect of any financial loss which may be incurred in this way.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

In respect of trips outside the UK, I authorise the group leader to give whatever authority might be necessary should emergency dental, medical or surgical treatment be required by my child, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I consider my child to be physically fit and capable of full participation. I understand the extent and limitation of insurance cover provided. I may be contacted by telephone on the following number:

Home telephone number:

Work telephone number:

Emergency Telephone number (if different from above):

Student's mobile phone number (if applicable):

My home address is:

If not available at above, please contact:

Name:

Address:

Telephone:

My family doctor is:

Name:

Address:

Telephone:

Signed (Parent/Legal Guardian)

Date:

This form or a copy must be taken by the group leader on the activity.

A copy should be retained by the Home Base Contact.