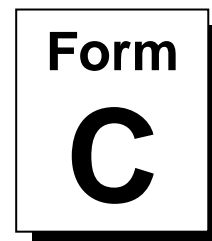


**FORRES SANDLE MANOR**  
**PARENTAL CONSENT FORM**



**OVERNIGHT EDUCATIONAL, HOLIDAY AND RECREATIONAL VISITS**

Visit to:	Date(s) of Visit:
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- We agree to our son/daughter/ward (*please write full name*):  
.....taking part on this visit.
- We agree to authorise members of FSM’s staff during the course of the visit to approve such medical treatment for our child as is deemed necessary in an emergency on the advice of a qualified medical practitioner. We set out below any medical condition from which our child is suffering, together with details of the treatment required. (*Please delete last sentence if irrelevant*).
- We consent to our son/daughter/ward taking part in the activities of the visit which have been explained to us.
- We acknowledge the right of the group leader to refuse to take our child if in his/her opinion the behaviour of our child constitutes a risk to safety or the School’s reputation. We further acknowledge the need for our child to behave responsibly and agree that he/she may be sent home from the trip at our expense should he/she fail to do so.

To be signed by a parent or guardian or an adult charged with parental responsibility

• Signature:	• Dated:
• <u>Underline Status of Signatory</u> : <b>Parent / Guardian / Adult with Parental Responsibility</b>	
• <u>Address of Signatory</u> :	
<b>Points of Contact</b>	
<ul style="list-style-type: none"> <li>• Daytime:</li> <li>• Evening:</li> <li>• Mobile:</li> </ul>	<ul style="list-style-type: none"> <li>• Fax (If applicable)</li> <li>• E-mail</li> </ul>

• <u>Dietary Restrictions</u>	
• <u>Medical Condition</u> (plus details of treatment required. Please continue overleaf if required)	