

Parent / Guardian / Carer Consent Form

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.

Department.. FMS Watersports

ACTIVITY	DATE
<u>Watersports Taster Session - Paddle Boarding & Kayaking on Stithians Lake</u>	<u>14/06/2025</u>

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, is not allergic to any form of medication and is a competent swimmer where this is a requirement of the activity.

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.

AND
My son/daughter/ward is not travelling against the advice of a Qualified Medical Practitioner.

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 (Block Capitals).....

Signature of Parent/GuardianDate

Address
.....
.....

Telephone No.....Mobile.....

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. We are sometimes required to provide your information to third parties for reasons including health and safety, travel, insurance or booking activities. Cornwall College will only ever share your personal information on this form where it absolutely necessary or to support the services you are undertaking. By signing this form you consent to Cornwall College sharing your information with third parties as outlined above. Further information on how we use your information can be found at www.cornwall.ac.uk/governance/your-information