



## PARENTAL CONSENT FORM

I am willing that my child: \_\_\_\_\_ in Form: \_\_\_\_\_  
shall take part in the visit/journey to: \_\_\_\_\_  
on: \_\_\_\_\_

Having read all the information sheets, I agree to his/her taking part in any or all of the activities described.

Before signing this Consent Form it is important that you understand that,

- 1 While the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the Authority, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Bedford Borough Council, its employees or official volunteers, and
- 2 That you read and understand the extent and limitations of the insurance cover provided.

I agree to my son/daughter/ward 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.

Signed: \_\_\_\_\_ Parent/Guardian

Contact Phone No: \_\_\_\_\_

Date: \_\_\_\_\_