

14-19 CENTRE

Parental Consent Form

Name of Student _____ Course _____

As part of the above course, a series of visits and/or placements form an important and valuable part of the student's study programme.

As parent/guardian of the above named student, would you please sign the form below if you agree to him/her taking part.

I wish my son/daughter _____ who is a student on the _____ course at Bournville College, to take part in the arranged programme of visits and/or placements. I understand that the College and/or College staff cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter during the course of these visits/trips/placements.

I also understand that a member of the college staff may not accompany my son/daughter during the above activity.

Signature of parent/guardian: _____ (Sign & Print)

Date: _____

FORM TO BE COMPLETED AND RETURNED TO CHRIS ECCLESTON IN 14-19 CENTRE (D501)