



華人之家
MANCHESTER
CHINESE CENTRE

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Charity No: 1114121

FORM OF CONSENT

Name of trip – organisation and leaders involved

Student's name _____ Date of Birth _____

I wish my child to take part in the above educational visit and understand the nature of the activities involved. I acknowledge the need for responsible behaviour on his/her part. I understand the extent and the limitations of any insurance cover provided. (Details of the proposed insurance are available from the member of staff in charge.)

I agree to reimburse the Manchester Chinese Centre for any costs and expenses reasonably incurred and/or other sums reasonably disbursed by her/him on behalf of the above student during or as a result of the educational visit.

I authorise any member of staff during the course of the educational visit to approve such medical treatment for my daughter/son as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner.

Any known medical condition, allergy, etc. from which my child is currently suffering or does from time to time suffer is described in a separate letter attached to this form. This letter includes full details of the condition and its consequences, and also sets out any special medical requirements (such as drugs or other treatment, whether or not self-administered) which may be required.

<input type="checkbox"/>
<input type="checkbox"/>

Letter attached

No medical issues apply

(Tick appropriate box)

This form is valid only if this section is

Completed

I undertake to inform the member of staff in charge as soon as possible of any change in medical circumstances between the date signed and the beginning of the educational visit.

Signed _____

Name

Parent/Guardian (delete as appropriate)

Date