

TRIP CONSENT FORM – DAY TRIPS 26/27

Please complete this form and bring to your enrolment.

To be signed by all students and countersigned by the parent/carer of any student under the age 18. This form is to be retained by the tutor and will cover all normal trips associated with the course.

Please note, where a trip is residential/overnight, the Trip Specific Consent Form will need to be completed to cover that specific trip.

Name of student	Date of birth
Course	
Home address/mobile number	

Please provide details of any medical condition you're currently under investigation, receiving treatment or awaiting a referral for

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Please provide details of any prescribed or regular over the counter medication you're currently taking

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Please provide your GP details

Name of doctor	Surgery address	Telephone number

Please provide details of two emergency contacts

Emergency contact	Emergency contact
Name	Name
Address	Address
Mobile number	Mobile number
Relationship	Relationship

Contract of agreement and indemnity to be signed by all students

- I wish to take part in college trips and agree to take part in any or all of the activities described in the trip information provided, or the further opportunities provided during the year.
- I understand that it is important for my safety and for the safety of the group that any rules and instructions given by the staff in charge are adhered to. Failure to comply with rules and instructions may result in behaviour management. This behaviour management may involve an immediate return to Hartpury in which case I or my parents/carer will be responsible for any financial implications.
- In the event that I have behaviour management sanctions or should Hartpury have concerns regarding my safeguarding or wellbeing it has the right to withdraw me from the trip. Under these circumstances no refund of monies paid to date will be issued.
- I understand that, while the staff and helpers in charge of the trip will take all reasonable care, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered.
- I agree to receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I confirm that I will notify the college of any changes to the above.
- I certify that I am medically fit to undertake all the activities required as part of this trip and that any pre-existing medical conditions have been disclosed and that I will notify Hartpury of any changes relating to my medical fitness, pre-existing medical conditions or medication.
- I understand that if I am resident and under 18 the procedure for signing out overnight from accommodation must be followed.
- Parent/carers, by signing this form you give your consent for your child to take part in all normal trips related to their course during the academic year.
- In the event that there is any change to the information I have provided, it is my responsibility to inform the tutor ahead of the trip.

All students to sign below as agreement to the above statements:

By signing below I consent to paying the £85 fee

Signature of student:	Date:
Name in capitals:	

If the student is under 18 all parents/carers to sign here:

I am in agreement with the above statements

By signing below I consent to paying the £85 fee

Signature of parent/carer:	Date:
Name in capitals:	

Please note payment contributes to field trips and external speeches



**To make your payment,
visit www.hartpury.ac.uk/ev
or scan the QR code**

Sports Academies

To be completed by/on behalf of students that are part of one of Hartpury's Sports Academies;

- I consent/give permission for my child to participate in Sports Academy training and fixtures, including travel to offsite venues and overnight stays where required.
- I acknowledge sport involves inherent risk of injury and participation is at my/our own risk.
- I authorise staff to obtain emergency medical treatment if required and confirm relevant medical information has been disclosed.
- I agree to pay the Sports Academy fee if I want to be involved in a Sports Academy and accept responsibility for personal insurance/medical cover and agree to follow all College rules and staff instructions during Academy activities.

I am in agreement with the above statements

Signature of parent/carer:	Date:
Name in capitals:	