

Marine Academy Plymouth  
 Trevithick Road  
 St Budeaux  
 Plymouth  
 PL5 2AF  
 Tel: (01752) 213939



**Parental Consent for Offsite Visits**

<b>VISIT:</b>		
<b>DATE(S) AND TIMES:</b>		
<b>STUDENT NAME:</b>		
<b>TUTOR GROUP:</b>		
<b>MEDICAL INFORMATION: (including any medication)</b>		
<b>SPECIAL DIET:</b>		
<b>IS YOUR CHILD ELIGIBLE FOR FREE SCHOOL MEALS?</b>	<b>YES / NO</b> (please indicate)	
<b>CAN YOUR CHILD SWIM 50 METRES UNAIDED?</b>	<b>YES / NO</b> (please indicate)	
<b>STUDENT PHOTOGRAPH PERMISSION:</b>	Do you give permission for photographs to be taken during the visit that could be used for recording, marketing and promotional purposes.	<b>YES / NO</b> (please indicate)
<b>COSTS INVOLVED:</b>	I enclose / do not enclose a parental contribution of £____.____  OR  I understand that the total cost of the activity will be £____.____ per student. I enclose a non-refundable deposit of £____.____. I understand that the full amount is due by _____.	
<b>DESCRIPTION OF THE SPECIFIC ACTIVITIES TAKING PLACE:</b>		
<b>PARENT / CARER EMERGENCY CONTACTS:</b>		
<b>CONSENT:</b>	I have read the description of the activities involved in this offsite visit and I give my consent for my child to take a full part in all activities described above.  Parent/Carer Signature: _____  Name in Capitals: _____  Date: _____	

Please return this consent form to Marine Academy Plymouth