



BLACKROCK COLLEGE

PARENTAL CONSENT FORM

Tour:

Dates:

I accept the School's offer to take my son _____ on the above trip.

In return I agree to reimburse any member of staff for any cost and expenses reasonably incurred and/or other sums reasonably disbursed by him on behalf of the above-named pupil during or as a result of the trip.

I accept that my son is bound by the rules and regulations of the College and that he must comply with the directions of the teachers in charge. Failure to do so may result in him being sent home.

In the event of my son being sent home for disciplinary reasons I agree to bear the additional costs or to reimburse the School for additional costs.

I agree to authorise members of staff during the course of the trip to approve such medical treatment for my son as is deemed necessary in an emergency and/or upon the advice of a qualified medical practitioner.

I attach a Medical Details Form, which gives details of any medical condition from which, to my knowledge, my son is suffering. Any special medical requirement (such as drugs or other treatments) which may be required are set out on this Form or on a separate letter (*please tick in the box below to indicate that a separate letter is attached).

Please tick as appropriate

	YES	NO
Medical Details Form attached		
Letter with further medical details attached		
Emergency Contact Details Form attached		

Signed (Parent/Guardian): _____

Name: _____

Date: _____



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MEDICAL DETAILS FORM

I understand that my son _____

wishes to take part in the above activity. My son is in good health and I consider him capable of taking part. In the case of accident or illness whilst away from home, I consent to any medical treatment deemed necessary by a qualified medical practitioner.

(In your child's interest it is vitally important that the organising staff should know whether he/she suffers from any illness which may affect his/her participation)

Date of last tetanus:	
Allergic or non effective medicines:	
Any complaints from which your child suffers:	
Special dietary needs:	
Name and Address of Home Doctor:	
P.P.S. No.:	

Please attach a separate letter if you need to give further details

Signed (Parent/Guardian): _____

Name: _____

Date: _____



BLACKROCK COLLEGE

EMERGENCY CONTACT DETAILS FORM

PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT YOU CAN BE CONTACTED IN EVENT OF EMERGENCY:

Boy's Name:	
Parents' Name:	

Home Address:	
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Home Telephone No.:	
Mobile No.:	
Business Telephone No.:	
Emergency Telephone Nos: (if different from above)	