

**CONSENT FORM**

THIS FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN OF STUDENTS WHO ARE UNDER 18, AND RETURNED TO THE COURSE LEADER PRIOR TO THE DATE OF THE VISIT

**Student:** 1 Isaac Goldberg

**Course Ref/Title:** BUSINESS STUDIES B29475A

**Location of Trip(s)/Activity:** LAKE DISTRICT

**Outline of Trip(s)/Activity:** TO DEVELOP PERSONAL SKILLS BY TAKING PART IN OUTDOOR TEAM BUILDING ACTIVITIES

**Start Date:** 12 May      **End Date:** 14 May

I consent to

(Name of Student)

Isaac Goldberg

taking part in the visit(s) as described above. I further consent to their participation in the activities described.

Sign



Print Name

F. Goldberg

Date

7 May

**Please give details of any issues the Course Leader should be aware of.**

Isaac has a peanut allergy.

**NB!**

Should your son/daughter/ward be involved in a situation which requires early repatriation (e.g. a breach of discipline) not covered by the travel insurance policy, then you will become fully responsible for all costs, associated with and/or part of the return journey, including the total expense of any escort(s) delegated to accompany them.

**Please return this form, when completed, to the Course Leader as soon as possible.**

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Student: Jane Cooler

Course Ref/Title: BUSINESS STUDIES B29475A

Location of Trip(s)/Activity: LAKE DISTRICT

Outline of Trip(s)/Activity: TO DEVELOP PERSONAL SKILLS BY TAKING PART IN OUTDOOR TEAM BUILDING ACTIVITIES

Start Date: 12 May End Date: 14 May

I consent to

(Name of Student)

Jane Cooler

taking part in the visit(s) as described above. I further consent to their participation in the activities described.

Sign

S. Cooler

Print Name

Simon Cooler

Date

7 May

Please give details of any issues the Course Leader should be aware of.

Jane is diabetic but does have it under control.

NB!

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Student: M. Burns

Course Ref/Title: BUSINESS STUDIES B29475A

Location of Trip(s)/Activity: LAKE DISTRICT

Outline of Trip(s)/Activity: TO DEVELOP PERSONAL SKILLS BY TAKING PART IN OUTDOOR TEAM BUILDING ACTIVITIES

Start Date: 12 May End Date: 14 May

I consent to (Name of Student)

MELISA

taking part in the visit(s) as described above. I further consent to their participation in the activities described.

Sign P Burns
Print Name P Burns
Date 12-14-11

Please give details of any issues the Course Leader should be aware of.

NB! Should your son/daughter/ward be involved in a situation which requires early repatriation (e.g. a breach of discipline) not covered by the travel insurance policy, then you will become fully responsible for all costs, associated with and/or part of the return journey, including the total expense of any escort(s) delegated to accompany them.

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