**HOLY CROSS – PARENTAL CONSENT FORM AND STUDENT CODE OF CONDUCT**

Both these documents must be used for every educational visit (parental consent form and student code of conduct).

**Parental Consent for a College Educational Visit**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student |  | PIN | StudentMobile no: |
| Title of Visit | A&D Salford Architecture visit (**L2 GCSE Graphics & Photography)**A&D Salford Architecture visit (**L6 A Level Graphics Students)** |
| Date of Visit | Wednesday 24th September 2025 |

Overseas Visits

EHIC no:

Passport no:

Only

Expiry date:

Expiry date:

**Section 1 – Emergency Contact Details**

Please complete all sections – these will only be used in the event of an emergency.

**First contact in case of emergency:**

Name:

Address:

Home telephone number:

Work telephone number:

Mobile telephone number:

**Section 2 – Health Declaration**

1. To the best of your knowledge has your son/daughter any medical condition, allergy or intolerance? Yes / No - If Yes please give details below including any medication taken.

|  |
| --- |
| Details: |

2. To the best of your knowledge has your son/daughter any physical condition, injury or incapacity that may restrict them taking part in the proposed visit activities?

Yes / No - If Yes please give details below.

|  |
| --- |
| Details: |

3. Is your son/daughter allergic to any medication? Yes / No - If Yes please give details below.

|  |
| --- |
| Details: |

4.. To the best of your knowledge has your son/daughter have any special dietary requirements? Yes / No - If Yes please give details below.

|  |
| --- |
| Details: |

**Section 3 – Doctor’s details**

Name of family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4 – Medical Consent**

* I declare that all medical information on this form is true and that I have not withheld any relevant information
* In the event of an emergency and the College are unable to contact me I give permission for any medical treatment deemed necessary, to maintain my son/daughter’s well-being.
* I consent to the disclosure of this health data to third parties in order to facilitate and administer this visit and for the College to comply with any legal obligations.
* I will inform the visit organiser, as soon as possible, of any changes in my son/daughter’s medical condition or any other circumstances, which may affect their participation on the visit.

**Section 5**

**Final Educational Visit Parental Consent**

I consent to my son/daughter participating in the educational visit and activities. I acknowledge the need for my son/daughter to behave responsibly as outlined in the code of conduct agreement.

**I commit to paying the total cost**

N/A

N/A

**for the educational visit of £ by:**

N/A

N/A

This includes a deposit of **£ by:**

N/A

N/A

And commit to a further payment of **£ by:**

N/A

N/A

And **£ by:**

**I understand that all these payments are non-refundable in the event that my son/daughter withdraws from the trip.**

**I also understand that further costs may be incurred if cancellation charges are applied due to late withdrawal by the student. These are detailed in the information letter about the visit.**

I agree to pay further charges levied by the airline as a result of increases in airport taxes and fuel costs.

Any student who is placed on red disciplinary intervention at any point during the planning process may have to forfeit their place and will incur financial penalties. Students must abide by the student code of conduct at all times- if not they may be required to leave the visit early. It will be the responsibility of the parents to finance and make arrangements for the safe return of the student, staff will not accompany the student home.

I understand the extent and limitations of the college’s comprehensive insurance policy (including personal belongings, personal injury and public liability cover).

A copy of this is available from College if required.

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Holy Cross College Student Code of Conduct

**STUDENTS MUST:**

1. Travel in groups of at least two/three if not being directly supervised by a member of staff.
2. Ensure that you take the appropriate emergency staff contact numbers and use these should they become necessary.
3. Provide your teacher with your contact number and keep your mobile phone charged and in credit at all times.
4. In the event of an emergency- not use social media to provide details of the event - unless instructed to do so by staff.
5. Obey all traffic regulations and use pedestrian crossings.
6. Inform staff at any time if you feel unwell. If you require any medication, ensure that you have it with you.
7. Pack and wear appropriate clothing as advised by the visit leader.
8. Behave politely at all times. Avoid any encounters or confrontation with other members of the public where possible. You are representing Holy Cross.
9. Under no circumstances should you enter licensed premises or consume any alcohol.
10. Strictly keep to meeting times set by staff.
11. Students must abide by the student code of conduct at all times - if not they may be required to leave the visit early. It will be the responsibility of the parents to finance and make arrangements for the safe return of the student, staff will not accompany the student home.

**Student name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pin**: \_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understood the code of conduct and will ensure my son/daughter is fully aware of what is expected of them.

Please ask your son/daughter to sign this form also.

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_