

## PARENTAL CONSENT FORM

For off-site visits away from UTASS lasting more than half a day (including longer visits to other establishments that return outside of UTASS Drop In hours) or involving an overnight stay.

### UPPER TEESDALE AGRICULTURAL SUPPORT SERVICES LTD (UTASS)

**PROPOSED VISIT & ACTIVITY: SAILING AT GRASSHOLME RESERVOIR on 26<sup>th</sup> June 2019**  
**Leaving UTASS 5:45pm and returning approx. 9:00pm**

#### To the Youth Worker, Staff & Volunteers

I am willing to allow my child \_\_\_\_\_ date of birth \_\_\_\_\_  
to take part in the visit to Grassholme Reservoir on 26<sup>th</sup> June 2019

I have received and read the information the Drop In has provided for me outlining the type of visit and I understand the purpose and nature of activities.

I understand that during the visit my child will be under the supervision of Volunteers and suitably qualified adults.

I further consent to the giving of urgent medical or surgical treatment to my child as may prove necessary during the visit.

Please list any medical conditions or prescribed medication you want the Drop In to be aware of. (In special circumstances, you may wish to talk to the group leader prior to departure).

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If your child has any special dietary requirements please state .....  
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I hereby undertake to indemnify Upper Teesdale Agricultural Support Services Ltd (UTASS) and the Volunteers in charge of the group against any claims, damages, costs and expenses reasonably incurred by them on behalf of my child during the visit/event. The indemnity will not extend to any claims, damages, costs or expenses against the risk of which Upper Teesdale Agricultural Support Services Ltd (UTASS) Staff or Volunteers are entitled to be indemnified under any policy of insurance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

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

Emergency telephone numbers (Day & Evening if different)

Home: \_\_\_\_\_ Mobile \_\_\_\_\_