



STUDENT CONSENT FORM FOR DAY TRIPS
Trench Town Polytechnic College
8th Street Trench Town, P.O Box 13, Kingston 12

Fax number: 876 922 – 2760 | Contact number: (876) 922 – 7478/ (876) 967 – 5606

Student Information

Student's Name: _____

Class Trip date: _____

Destination Departure Site: _____

Departure Time: _____ Return Site Return Time: _____

Mode of Transportation: _____

Purpose of Trip Specific Activities: _____

Emergency contact

Name: _____

Relation to the student: _____

Contact Information: _____

This form should be completed in full for the child/ward under your care who attends the Trench Town Polytechnic College. Please note that all students who are not minors attending any trips should also complete this form, but complete the Student Information section, Section B and the Medical Form (if necessary).

Section A

I, _____, the parent/guardian of the student named above, hereby give my permission for my child/ward to take part in TTPC school trip described above. I understand that the following conditions apply:

1. I/We are responsible for getting to the departure site on time
2. There is a fifteen (15) minute grace period added to the departure time, person who arrival after this the grace period expires, will be left behind
3. I confirm that my child/ward is medically fit and able to participate in the activities of the trip

4. In the event of an emergency, the staff member (s) in charge of the trip is/are allowed to take corrective action as deemed necessary
5. The form below has been completed attesting to ant medication to be administered for the student participant of this trip
6. I understand that any misconduct of the student may result in that student being excluded from one or more future trips.

Name: _____

Signature: _____

Date: _____

Section B

I _____ will participate in the trip on date _____. I will adhere to all guidelines and conduct as stipulated in the above conditions.

Name: _____

Signature: _____

Date: _____

Medical Information

The student _____ has the medical condition _____ . He/She take the medication _____ .

He/She is able to travel and participate in this trip, however in the event that a medical emergency happens, he/she is to be given the medication as follows:

Name: _____

Signature: _____

Date: _____