



**PARENTAL CONSENT FOR EDUCATIONAL TOURS/FIELD TRIPS**

**Part A**

I agree to \_\_\_\_\_ Date of birth \_\_\_\_\_  
taking part in any tours/trips that may be arranged by the college as part of their course.

I acknowledge the need for \_\_\_\_\_ to behave responsibly and in accordance with the Behaviour Policy of the school and of Louth and Meath ETB. I accept that any student who uses, supplies or is found to be in possession of drugs, alcohol, solvents, inhalants or other dangerous substances and/or who engages in behaviour or actions that are deemed to be a risk to the safety of any member of the group will result in the offender being sent home immediately and we the parents will bear the resultant costs.

**PART B**

**Contact telephone numbers**

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address: \_\_\_\_\_

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

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

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

Signed: \_\_\_\_\_ (Parent/Guardian)

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