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|  | |  |  | | --- | --- | |  |  | |  | |  |  | | --- | --- | |  |  | | | ***Under-18s Consent Form - Medical Declaration*** | | | |  | | --- | | **Please complete these forms and return them, at your earliest convenience.** | | | |  |  | | **STUDENT NAME (PRINT):** | | | **COURSE TITLE:** | | |  |  | | As part of their structured learning programme, I am willing for my son/daughter/ward (named above), who attends The City of Liverpool College (CoLC) to: | | |  |  | | \* | Take part in planned External/Offsite Activities. | | \* | Participate in work experience or other work based projects arranged through the College. | | **Does your son/daughter/ward have a medical condition that could impact on their physical**  **or mental ability to take part in a Work Placement or External/Offsite Activity? If so, please**  **provide details below:** | | |  |  | | .......................................................................................................................................... | | |  |  | | .......................................................................................................................................... | | |  |  | | ......................................................................................................................................... | | |  |  | |  | I have declared any health issues which might need to be shared with placement providers. I confirm that my son/daughter/ward is medically fit to take part in External Activities and Work Placements. He/she is not affected by any illness or disability to an extent that would result in an unnecessary risk to his or her health, or to the safety and health of others in a work environment. | |  |  | |  | I understand that any relevant medical information that is disclosed may be passed, in confidence, to an employer so that they can ensure their safety. | |  |  | |  | I confirm that I will notify the College of any changes in my son/daughter/ward’s medical condition whilst a student at College. | |  |  | |  | I confirm this is an accurate record of my son/daughter/ward’s medical conditions. | |  |  | | I authorise members of CoLC staff/employers to approve any emergency medical treatment for my son/daughter/ward should the need arise in my absence. | | |  |  | | **Signed (Parent/Guardian): ................................................... Date: ..............................** | | |  |  | | **Print Name: ..............................................................................** | | |

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| |  |  | | --- | --- | |  |  | |  |  | | ***Under 18s Consent Form - CoLC Code of Conduct*** | | |  |  | | **Please discuss this with your son/daughter/ward to ensure they understand their obligations when representing The City of Liverpool College.** | | |  |  | | **STUDENT NAME (PRINT):** | | | **COURSE TITLE:** | | |  | | | **I am a registered student of The City of Liverpool College and agree to abide by the**  **following Code of Conduct:**  1.    To be punctual for all planned activities.  2.    To be responsible throughout the activity, showing respect to others.  3.    Ensure that I will have any, and all, equipment that I have been told will be required for the activity.  4.    Complete any assignment or course work related to the activity by the required date.  5.    Ensure that I wear clothing appropriate for the activity I hope to participate in.  6.    Behave in a manner that is acceptable to the College, the employer, my colleagues,  the venue and any persons who may be affected by my actions and behaviour.  7.    To refrain from smoking or vaping in any public area and prohibited place.  8.    To refrain from alcohol, non-prescribed drugs or using new psychoactive substances  (legal highs) whilst under the care of the College or an employer.  9.    Do not behave in a manner that may put my own or others safety at risk.  10.  Be aware that should they breach this agreement in any way, or indulge in behaviour  likely to bring myself, the employer, my colleagues or the College into disrepute, I will  be liable to disciplinary action, including being sent home early from a trip, being  removed from a placement or terminated from the course of study I am attending.  ***Staff reserve the right to take appropriate action if this code of conduct is ignored***  ***or breached, in accordance with the College’s disciplinary procedure.*** | | |  | | |  | | |  | I confirm that my son/daughter/ward and I have read this and that they agree to abide by the Code of Conduct. | |  |  | | **Emergency Contact Details:** | | |  |  | |  | I confirm that I will notify the College of any changes to emergency contact details throughout the year. | |  |  | | **Signed (Parent/Guardian): ................................................... Date: .......................** | | |  |  | | **Print Name: ..............................................................................** | | |  |  | |  |  | |  |