**Circle

Description automatically generatedSchool Name**

**Address line 1**

**Address line 2**

**Address line 3**

**Permission Letter**

Dear Parent/ Guardian,

We have organised an Activity Day/ Residential for Year [insert year group] at Mount Cook Adventure Centre, based near Wirksworth, Derbyshire. This school trip will take place from [insert beginning & end date].

During our time at Mount Cook, we will be taking part in lots of fun outdoor activities, including [insert activities]. The total cost of this Activity Day/ Residential will be £ [insert amount] per child.

**Payment procedure:**

* Your initial deposit will be £ [insert amount] and is due one the [insert due date]
* Your second deposit will be £ [insert amount] and is due one the [insert due date]
* You final second deposit will be £ [insert amount] and is due one the [insert due date]

Please fill in and return the consent form by [insert due date].

For more information on Mount Cook Adventure Centre, please visit their website at: [www.mountcook.uk](http://www.mountcook.uk). If you have any questions, please do not hesitate to contact me.

Best wishes,

[Insert name]

**CONSENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please fill out the below information as accurately as possible. It will not be returned to Mount Cook but will be used for school records.** | | | | |
| Pupil name | |  | | |
| **MEDICAL DISCLAIMER** Individuals must NOT participate in activities if any of the following applies to them. If you have written approval from your doctor, we will need to see this before taking part: ▪ High or low blood pressure ▪ Heart disease or any other cardiovascular problems including undiagnosed chest pain ▪ Breathing difficulties (including asthma) where it is not satisfactorily controlled by medication ▪ Frequent episodes of feeling faint or dizzy or taking medication which may cause drowsiness ▪ Back pain or limited movement in any joint ▪ Currently pregnant or recently given birth | | | | |
| Medical conditions, allergies or learning difficulties | |  | | |
| Any special requirements (mobility or other) | |  | | |
| Please list any dietary requirements or information | |  | | |
| **DECLARATION** ▪ I understand that Mount Cook offers a range of outdoor activities which can never be entirely risk free  ▪ I give permission for any medical treatment deemed necessary to be given to ensure the wellbeing of my child ▪ If necessary, and required by Mount Cook individuals will complete individual forms ▪ I can confirm that the information I have provided is correct and complete. I will inform the group leader as soon as possible if there are any changes to this | | | | |
| I give/ do not give permission for my child to take part in the Mount Cook Activity Day/ Residential on [insert date.] | | | | |
| Parent/Guardian name (printed): | |  | | |
| Signed: |  | | Date: |  |