

## Consent Form

**This form must be completed and brought with you to the Taster Day in order to participate in the activities**

Dear Parent or Guardian,

Please complete the consent form below in order for your son or daughter to take part in the Askham Bryan College Taster Day.

.....

I (Parent/Guardian)..... give my consent for

..... (child's name) to take part in the Askham Bryan College Taster Day activities.

Signed..... Date.....