

FORM SOE 3
PARENTAL CONSENT FOR OFF-SITE ACTIVITIES

Dear Parent/Guardian

Please complete and return the form below which relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.

SCHOOL, COLLEGE OR CENTRE

Wilcombe Primary School

VISIT OR ACTIVITY

DATES AND TIMES

NAME OF CHILD OR STUDENT

DATE OF BIRTH

SPECIAL DETAILS

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child:

- have any allergies?
- take medication and if so what is the dosage required:
- experience travel sickness?
- have diabetes, asthma or epilepsy?

Has your child had any relevant recent illness?

Does your child have any specific dietary requirements

Do you have any additional comments?

Swimming ability (for water based activities)

1. I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

TELEPHONE NUMBER (HOME) _____ **WORK** _____

NAME OF FAMILY DOCTOR _____

APPROXIMATE DATE OF LAST TETANUS INJECTION _____