

Form SOE3: Parental consent for off-site activities

Dear parent or guardian

You have already received details about our forthcoming visit or activity. Please complete and return this form giving your consent for your child to take part in this activity.

School,

Wilcombe Primary School

Visit or activity

FARMWISE

Dates and times

TUESDAY 15TH OCTOBER – ALL DAY

Name of child

Date of birth

Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, 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)

Is your child able to swim 50 metres? YES / NO

Is your child water confident for the proposed activity? YES / NO

1. I would like my child to take part in this 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.
4. I am happy for staff to administer Calpol for pain relief if required.

Signature of Parent or Guardian

Date

Name of parent or guardian

Address

Telephone number

Home:

Work:

Name of family doctor

Approximate date of last tetanus injection: