

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.

Academy
Charleton C of E Academy

Visit or activity
Beach Trip - Beesands

Dates and times
Tuesday 18th July 9am to 3.15pm

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?

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 my personal contact details to be given to the facilitator and used in an emergency outside of the Academy office hours.

**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: