

CITY OF PLYMOUTH - SAFETY IN OUTDOOR EDUCATION 1990  
FORM SOE 3 - PARENTAL CONSENT FOR OFF-SITE ACTIVITIES

Dear Parent/Carer

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

SCHOOL, COLLEGE OR CENTRE: Plymstock School

VISIT OR ACTIVITY: Sponsored Walk, Saltram House

DATE(S): Friday 30 June 2017

NAME OF CHILD OR STUDENT: ..... TUTOR GROUP .....

Please confirm that you give your permission for your child to be photographed (if appropriate).

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

**SPECIAL DETAILS:** Any relevant information concerning your child's health or diet requiring special attention but which does not prevent him or her taking part should be noted below e.g.

- Does your child suffer from 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?
- Any additional comments?

**Diet**

- Does your child have any specific dietary requirements? \_\_\_\_\_

**Swimming ability (for swimming activities)**

- Is your child able to swim 50 metres?
- Is your child water confident?

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 any or all of 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/CARER \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

NAME OF FAMILY DOCTOR (where known) \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE HUB/TUTOR/RECEPTION/FINANCE BY FRIDAY 16 JUNE 2017**