

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

Dear Parent/Guardian

Please complete and return the form below. It 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 the activity.

SCHOOL, COLLEGE OR CENTRE Plymstock School
ACTIVITY: Year 5/6 Transition Classes
DATE (S): Thursdays commencing 20 September to 25 Oct 2012

NAME OF CHILD OR STUDENT:

Primary School & Year

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.
4. I give permission for my child's photo to be used.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ADDRESS _____

TELEPHONE NO. (HOME) _____ (WORK) _____

(MOBILE) _____

ADDITIONAL CONTACT Name: _____ Phone: _____

Relationship to child: _____

NAME OF FAMILY DOCTOR (where known) _____