

## 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, college or establishment**

**St Cuthbert Mayne School**

**Visit or activity**

**Dates and times**

**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.

**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:**