

**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.

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| --- |
| **School, college or establishment**  **Two Moors Primary School** |
| **Visit or activity**  **Year 2 trip to Escot** |
| Dates and times Tuesday 5th July |
| **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 |
| **Name of family doctor** |
| **Approximate date of last tetanus injection:** |

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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Parent/Guardian: | | | | |  | | |
| Signature: | | | |  | | | |
| Date: |  | | | | | | |
| Address: | | |  | | | | |
| Email: | |  | | | | | |
| Phone 1: | | |  | | | Phone 2: |  |