

PARENTAL CONSENT FOR OFF-SITE ACTIVITIES (FORM SOE3)

Dear Parent/ Guardian,

Please complete and return the form below which 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 this activity.

School: Appledore Community Primary School and Nursery

Visit or activity:

**Trip to Exeter to include a Workshop at Exeter Cathedral and a visit to The Mosque
Thursday 4th February 2016
7:45 a.m. – 3:45 p.m.**

Name of child:
date of birth:

SPECIAL DETAILS

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below.

For example does your child:

- ◆ have any 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?

Does your child have any specific dietary requirements?

Do you have any additional comments?

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 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 have discussed this activity with my son / daughter and stressed the importance of responsible behaviour, in particular the need for respect and consideration for the teachers / adult supervisors as well as all other members of the group and members of the general public we may meet during the course of the activity / visit.

Signature of parent / guardian:

Date:

Address:

1st Telephone contact (home): (work):

2nd Telephone contact:

Name: Number:

Name of family doctor:

Surgery telephone number:

Approximate date of last tetanus injection: