

Parental Consent for Off-Site Activities**SOE3**

Dear Parents and Carers

Please complete and return the form below which relates to the forthcoming activity for which you have already received details. The form gives your consent for your child to take part in this activity. **Please ensure you have recorded your child's name on the form (third box below).**

Visit or Activity:	Surf Club 2014
Date[s] and time[s]:	Monday evenings commencing 16 th June to 14 th July (x 5 sessions), departing college at 3.00 pm to return at 8 pm at the latest.
Name of Student:	
Date of Birth:	____ / ____ / ____
Special Details: Any relevant details concerning your child's health requiring special attention but which does not prevent them from taking part should be noted here. For example, does your child <ul style="list-style-type: none"> ▪ 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? If so, what?	
Does your child have any specific dietary requirements? If so what are they?	
Do you have any additional comments?	

Swimming ability (for water based activities): <ul style="list-style-type: none"> Can your child swim 50metres? Is your child water confident with regard to the proposed activity? 	YES / NO YES / NO
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- I would like my child to take part in the above-mentioned activity or visit and having read the information provided, agree to him / her taking part in the activities described.
- I consent to any emergency medical treatment required by my child during the course of the visit
- I confirm that my child is in good health and I consider him / her fit to participate

Signature of parent / carer _____ Date _____

Name of parent / carer _____

Address: _____

☎(home) _____ ☎(mobile) _____

Name of family doctor and address of surgery: _____

Approximate date of last tetanus injection _____