



South Dartmoor Community College

Visits/Activities Off-Site Form of Consent SOE3	
Activity/Visit Details:	Date:
Student Name:	Tutor Group:
Date of Birth:	

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 this activity.

Special Details

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

	Yes	No	Medical Information
Does your child suffer from allergies?			
Experience travel sickness?			
Have diabetes?			
Have asthma?			
Suffer from epilepsy?			
Had any relevant recent illness?			
Have any specific dietary requirements?			
Any additional comments?			

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 visit or activity mentioned above 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.

Signature of Parent/Guardian **Date**

Address

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Telephone Number (Home)

(Work/Mobile)

Family Doctor (if known)

Telephone No. of Doctor/Health Centre: