Form SOE3a: Parental consent for local off-site activities
PLEASE RETURN TO SCHOOL AS SOON AS POSSIBLE.

Dear parent or guardian,

This is a consent form to cover your child's duration at Gatehouse Primary Academy, for undertaking any local off-site trips and visits. These visits may include short journeys on foot or in vehicles and some may continue beyond the school day. Details of each visit will be sent to you in advance. None of these visits includes any adventurous activity, or involves an overnight stay. A separate specific consent form will be sent out for visits involving adventurous activities or for residential visits.

School, college or establishment

Gatehouse Primary Academy

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: