

'Together we grow, Together we flourish'



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.

Academy

Dartington

Visit or activity

Y5/6 Swimming

Dates and times

Summer 2nd half term 2021, Thursdays: 10th June - 22nd July, 10.00 am - 11.00 am

Name of child Date of birth



Dartington C of E Academy
Shinner's Bridge, Dartington
Devon, TQ9 6JU
T: 01803 862357
E: dartington@lapsw.org



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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?

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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.
4. I am happy for my personal contact details to be given to the facilitator and used in an emergency outside of the Academy office hours.

Signature of

parent or guardian Date

Name of parent or guardian

Address



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Telephone number

Home: Work:

Name of family doctor

Approximate date of last tetanus injection:

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