

8th November 2022

Dear Parents & Carers

We have a fantastic opportunity this half term to visit our local retirement home and sing some of our Christmas nativity songs. We will walk from school to Forder Lane House accompanied by our class adults and parent volunteers. We will visit on Monday 12th December at 1.30pm and will return in time for the end of school. Children will need to wear sensible footwear and bring a named waterproof coat and a drinks bottle.

Please complete the slip and the SOE3 below and return to your child's class teacher if you are happy for them to join in this lovely community experience.

Best wishes,

Mrs Carr & Mr Jones

Child's name.....

I do/do not give permission for my child to walk to Forder Lane House with their class to sing to the residents.

I can/cannot volunteer to support this visit.

Parent's signature

Date



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FLOURISHING FUTURES

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.

Dartington Primary School

Visit or activity – Forder Lane House Residential Care Home – Carol Singing

Dates and times – Monday 12th December

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) **NB There will be no 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 School office hours.

Signature of parent or guardian Date

Name of parent or guardian

Address

Telephone number

Mobile:..... **Work:**

Name of family doctor

Approximate date of last tetanus injection: