

AXE VALLEY ACADEMY Chard Street Axminster Devon EX13 5EA
FORM SOE 3 - PARENTAL CONSENT FOR OFF-SITE ACTIVITIES

Dear Parent/Guardian

Please complete and return the form below which 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.

VISIT OR ACTIVITY

DATES AND TIMES

NAME OF STUDENT

DATE OF BIRTH

Special Details

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted. For example, does your child:

- 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 illnesses?

Does your child have any specific dietary requirements?

Any additional comments:

Swimming ability (for water based activities)

1. I give permission for my son/daughter to take part in the above mentioned 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.

**ONLINE PAYMENT
YES / NO**

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

TELEPHONE NUMBER (HOME) _____

MOBILE/ WORK NO. _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR

Approximate date of last tetanus injection