



# BRIXHAM COLLEGE

## FORM SOE 3

### PARENTAL CONSENT FOR OFF-SITE ACTIVITIES

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.

**Without this form your child may not accompany any outside visit or trip. This form constitutes our legal permission to take your child off site.**

School, College, Centre: \_\_\_\_\_

Visit or Activity: \_\_\_\_\_

Dates: \_\_\_\_\_

**Name of child or student:** \_\_\_\_\_ **Tutor group:** \_\_\_\_\_

Special Details: Any relevant information concerning your child's health or diet requiring special attention, but which does not prevent him or her taking part, should be noted below. (eg: Diabetes, Asthma).

\_\_\_\_\_

\_\_\_\_\_

Doctors Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

**1. I would like 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 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: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (home): \_\_\_\_\_ (work): \_\_\_\_\_