

Form SOE3: Parental consent for off-site activities

Details given in this form will be taken on any off-site school trip(s) in which the student is involved. Please complete, sign and date the form below if you are happy for them:

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

The trips and activities covered by this consent include;

- all visits (including residential trips) which take place during the holidays or a weekend
- adventure activities at any time
- off-site sporting fixtures outside the school day

A specific letter regarding every trip in which the student has the opportunity to participate will be sent giving precise details about the trip's nature and purpose. You will also be asked to provide any **updated medical details/information** (if applicable) additional to that given on this Form.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school.

School, college or establishment - Torquay Academy

Name of child -

Date of birth -

Tutor -

My son/daughter is entitled to free school meals

Y

N

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 consent to any emergency medical treatment, including anaesthetics, required by my child during the course of the visit.
2. I confirm that my child is in good health and I consider him/her fit to participate.

**Signature of
parent or carer**

Date

Name of parent or carer

Address

Telephone number

Home:

Work:

Name of family doctor

Approximate date of last tetanus injection:

Notes for Guidance for Schools

The information collected on this form will be processed and stored electronically by the School in compliance with the General Data Protection Regulation. The data may be shared with an agent of the School, but only for administrative or other service provision purposes and with Government Departments where there is a legal requirement to do so. If you would like further information about Data Protection, please contact the School Data Protection Officer. By signing or submitting this form, you acknowledge that you have read, understood and agreed to this data processing. Detailed information is available in the Policy and Privacy Notices at www.tqacademy.co.uk.