



## Form SOE3a: Annual Parental consent for off-site activities

Dear Parent or Guardian,

This is a consent form to cover local off-site trips and visits that your child may be undertaking during the school year, some of which may extend beyond the school day. A separate consent form will be sent out for any residential or overseas visits and for adventurous activities (as defined by the local authority). Details of each visit will be sent to you in advance.

|  |                      |
|--|----------------------|
| <b>School, college or establishment</b><br>Ladysmith Junior School   |                      |
| <b>Visit or activity</b><br>Various throughout the year. Parents will always be informed if children will be off-site for any reason.<br>This consent form also gives permission for your child to take part in cookery lessons so please ensure that all allergy information is included below. |                      |
| <b>Dates and times</b><br>N/A  |                      |
| <b>Name of child</b>   | <b>Date of birth</b> |
| <b>Special details</b> - 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?)         |                      |
| <b>Has your child had any relevant recent illness?</b>   |                      |
| <b>Does your child have any specific dietary requirements?</b>   |                      |

**Do you have any additional comments?**

**Name of family doctor**

**Approximate date of last tetanus injection:**

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.

Name of Parent/Guardian:

Signature:

Date:

Address: Not needed.

Email: Not needed

Phone 1:

Phone 2:

*The information contained in this document will be stored securely for the duration of the academic year and then destroyed in accordance with our GDPR guidelines.  
Please let us know if there are any changes to the above information.*