



Parental Consent for Adventurous Activities, Residentials and Overseas Visits

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.

School, college or establishment	
Visit or activity	
Dates and times	
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) Is your child able to swim 50 metres? YES / NO Is your child water confident for the proposed activity? YES / NO
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: _____

Email: _____

Phone 1: _____

Phone 2: _____

Section to be completed by schools in compliance with General Data Protection Regulations. Schools may wish to add an explanatory paragraph regarding their data management and refer to their privacy notice and named Data Protection Officer [here](#).