



## SIDMOUTH COLLEGE

### Parental consent for residential or adventurous activity

#### 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.

SIDMOUTH COLLEGE

**Visit or activity**  
**Ten Tors Training Walks and Camping**

**Dates and times**  
**The period from October 2020 to May 2021 (inclusive).**  
**This includes camping trips.**

| Name of child | Date of birth | Tutor Group |
|---------------|---------------|-------------|
|---------------|---------------|-------------|

**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 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.

**Signature of  
Parent or Guardian**

**Date**

**Name of Parent or Guardian**

**Address**

**Telephone number**

**Home:**

**Work:**

**Name of family doctor**

**Approximate date of last tetanus injection:**