

Torquay Girls' Grammar School

Form SOE3: Student Information for Off-site Activities

Dear Parent or Guardian

This Form will be taken on any Off-Site school trip(s) in which your daughter is involved. The purpose of the Form is to provide staff with essential medical and Health and Safety information about your daughter.

You will receive a specific letter regarding every trip in which your daughter has the opportunity to participate. This will give precise details about the trip's nature and purpose & request consent for your daughter's involvement. You are also asked to provide any updated medical details/information (if applicable) additional to that given on this Form.

Please can you complete and return this form to the **School Office**.

Name of student:

Form:

Date of birth

Special details. Please give any information about your child's health which may need special attention, but does not prevent them from taking part in Off-Site activities during the forthcoming academic year. For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?

Has your child had any recent illness which may be relevant to her participation in Off-Site Activities during the forthcoming academic year?

Does your child have any specific dietary requirements?

Swimming ability (for water based activities)

Is your daughter able to swim 50 metres? YES / NO

Is your daughter generally water confident? YES / NO

Please give the approximate date of last tetanus injection.

Do you have any additional Health & Safety related comments regarding your daughter's involvement in Off-Site Activities during the forthcoming academic year?

- I consent to any emergency medical treatment, including anaesthetics, required by my child during the course of an Off-Site Activity.
- I confirm that my child is in good health

Signature or parent/guardian **Date**

Name of parent/guardian (block capitals)

Address

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Contact telephone number (Home) **(Work)**

Name of family doctor

Contact telephone number of family doctor