

OFF SITE VISIT – PARENTAL CONSENT FORM

Frontier Centre 2022

CONFIDENTIAL INFORMATION

It is essential to complete this form accurately in the interests of your child's safety.

Pupil's surname Pupil's forename

Class Age on departure years months

Pupil's nationality Date of birth

Pupil's town of birth

I wish my son/daughter to take part in the above mentioned visit and having read the information sheet; agree to him/her taking part in the activities described. I have discussed the information sheet with my son/daughter who understands the requirements which have to be observed.

I shall instruct my child to wear a seat-belt whilst travelling by motor vehicle and to abide by any other safety instructions and behavioural requirements.

Signed Print..... Father/Mother/ Guardian

To ensure that parents may be contacted if necessary – please complete **all** sections of the following:

First contact name Relationship to child

Address

Postcode.....

Telephone numbers: Home..... Mobile.....

Work

Second contact name..... Relationship to child

Address

Postcode.....

Telephone numbers: Home..... Mobile.....

Work

Swimming Ability

Is your child able to swim 50 metres?	Yes/No
Is your child water confident in a pool?	Yes/No
Is your child confident in the sea or in open inland water?	Yes/No
Is your child safety conscious in water?	Yes/No