



**Castlebridge School**  
**Parental Consent for Adventurous Activities, Residential 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.

<b>Name of child:</b>	<b>Date of birth:</b>
<b>Visits or activity:</b>	
<b>Dates &amp; times:</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>	
<b>Do you have any additional comments?</b>	
<b>Swimming ability</b> (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	

<b>Name of family doctor:</b>
<b>Approximate date of last tetanus injection:</b>

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.

<b>Name of Parent/Guardian:</b>
<b>Signature:</b>
<b>Date:</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone 1:</b> <b>Phone 2:</b>