

PARENTAL AGREEMENT FOR EDUCATIONAL VISITS

P5

PC Form

Establishment/Group: Cornbank Primary School

Name of pupil/student:

Details of visit to:

Snow Sports Centre Hillend

Date of Birth:

Date(s) From: 26/10/16

To: 30/11/16

Class: P4

Time(s) From: 10.45am

To: 1.15pm

Home Address:

I agree to (name) taking part in this visit and have read the information sheet. I agree to his / her participation in the activities described. I acknowledge the need for him / her to behave in a responsible manner.

Medical Information about your child

Any condition requiring medical treatment, including medication?

YES / NO

If yes, please give brief details

Any known allergy to medicine (e.g. penicillin) or other factors (e.g. animals)

Name, address and telephone number of your family doctor

Please give details of any special diets e.g. vegetarian/diabetic/no specific 'E' numbers etc.

Can your child swim 25 metres?

YES / NO

(Being unable to swim will not necessarily prevent your child from taking part in a water-based activity)

I will inform the Group Leader/Head of Establishment as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Volunteers required to help with visit?

YES

Please tick here if available to help

Parental Information for Educational Visit

P5

PI Form

Details of educational visit (to be retained by parent / carer)

Venue

Snow Sports Centre Hillend

Activity(ies)

Skating

date

26/10/16 - 30/11/16

Departure /Return Time

10.45 / 1.15

Form of Transport

Coach

Name of Leader

Ms Gordon

Other Leaders

2 x Parent helper

Packed Lunch Required?

Yes

School uniform/dress code required?

Please see attached letter

Cost of Visit

£60

What needs to be brought for the visit (e.g. waterproof top, wellies)

Clothing appropriate for weather conditions

Water bottle and snack

Signed

Yvonne Gemmell

Date 29/08/16

Head of Establishment

Miss Y Gemmell

Any further information relating to the visit will be given out in due course.

Unscheduled delays may occur on visits. Should this happen, the Group Leader will notify the Emergency Base Contact person as soon as possible.

Insurance Information

Midlothian Council provides public liability cover and travel cover for approved educational visits.

The planned visit will take place according to the Midlothian Council's Off-Site Visits Policy. A copy of the policy is available for inspection from the Group Leader or on the Council website. The visit has been risk assessed and every effort will be made to minimise risk. Nonetheless, a totally risk free environment is unrealistic and in signing the parental consent form, you are asked to acknowledge that a degree of residual risk remains. It is not anticipated that risks will exceed those incurred in normal day to day living.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitation of the insurance cover provided.

OR

I give permission for my child to receive emergency medical treatment/anaesthetic as considered necessary by the medical authorities present, with the exception of the administration of blood or blood products. I accept full legal responsibility for this decision and release Midlothian Council and its staff from any liability for any consequences resulting from this decision.

Contact name and telephone numbers

Name Home Tel No

Work Tel No Mobile Tel No

Alternative contact name and telephone number (e.g. grandparent/neighbour)

Name Tel No

Relationship to pupil

Signed _____ (Parent/Carer) Date _____

26/10/16
02/11/16
09/11/16
16/11/16
23/11/16
30/11/16

Please tick dates you are able to help.

Please return this form to School Office by 30th September 2016