

**PARENTAL AGREEMENT FOR EDUCATIONAL VISITS**

Establishment/Group:

Name of pupil/student:

Details of visit to:  Date of Birth:

Date(s) From:  To:  Class:

Time(s) From:  To:

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?

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?

**(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.

**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.....Work.....

Mobile.....

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

Tel No ..... Relationship to pupil .....

**I am interested in being a parent helper YES/NO**

Signed \_\_\_\_\_ (Parent/Carer) Date \_\_\_\_\_

## Parental Information for Educational Visit

PI Form

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

Please return the accompanying PC form by the date shown at the bottom of the form.

Venue **Oxenford Castle** Activity **P1/2 - Tour of the castle**

Date (s) **Monday 4 October 2021** Departure time **12.00pm**  
Return Time **3.15pm**

Form of Transport **Walking** Name of Leader **Miss Seaton**

Other Leaders **Parent helpers**

Volunteers Required to help with this visit **YES**

Packed Lunch Required? **N/A** School uniform/dress code required? **YES**

Cost of Visit **Nil**

What needs to be brought for the visit (e.g. additional information, clothing requirements, etc)

**Given the current COVID measures (as at 21/9/21), all Parent Helpers need to test negative in a lateral flow test the day before the excursion and the day of the excursion; need to wear masks and be at least 1m socially distanced from pupils.**

**P1/2 will have their lunch at the earlier time of 11.30am.**

**Pupils should wear suitable walking shoes with waterproof jacket (weather dependant).**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Head of Establishment