

**PARENTAL AGREEMENT FOR EDUCATIONAL VISITS**

**PC Form**

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?  **Packed Lunch Required**

**(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.

**Cost £10.00 per child**

**Insurance Information**

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

*The planned visit will take place according 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 \_\_\_\_\_

Please return this form to **Class Teacher** by **Wednesday 6<sup>th</sup> May 2015**

## Parental Information for Educational Visit

PI Form

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

Venue **Purves Puppet Theatre** Activity(ies) **Puppet Workshop**

Date (s) **Monday 11<sup>th</sup> May 2015** Departure /Return Time **9.00am**  
**2.00pm approx**

Details of residential provision (if applicable)	n/a
Name of Centre / Hotel	
Address	
Postcode	
Contact Telephone No.	

Form of Transport **Coach** Name of Leader **Miss M Smith**

Other Leaders **Mrs Malko**

Volunteers required to help with visit? **No**

Packed Lunch Required? **Yes\*** School uniform/dress code required? **Yes**

Cost of Visit **£10.00**

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

**Pupils should bring with them a snack/drink**  
**Packed Lunches will be provided by school kitchen if required.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Head of Establishment Mrs J L MacFarlane - Head Teacher

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.