

Midlothian Schools Ski Programme- Course 83

Dear Parent/Guardian

Midlothian Council Education Division offer ski courses to pupils in Primary 4 and above, and through High School. The above course is being offered to your child's class, and we wish to encourage all children to attend as it offers excellent social and educational opportunities in addition to learning more about our local Midlothian environment.

The Course will run weekly from **6 Jan – 10 Feb inclusive**, a total of six weeks.

A packed lunch may be required, however you will be advised when details are confirmed.

Most pupils with special needs can actively take part, please telephone the number below for full details.

Transport will be provided from School to Midlothian Snowsports Centre and return by luxury coach. The cost is: **£60.00** or **£40.00** if claiming free school meals or Clothing Grant.

All instruction will be provided by Midlothian Snowsports Centre Instructors or qualified Ski Leaders. Adult supervisors will travel on the coach and be at hand to provide any additional support required whilst at the Snowsports Centre.

You will be advised of final course details, confirming times and lunch arrangements. You will also receive a consent form along with a list of what participants should wear and bring along with them. A Consent Form must be completed and returned prior to your son/daughter skiing, without a completed form they cannot be allowed to take part.

If you wish your child to take part, please return the slip below with payment, (payable to "Midlothian Council"). Applications should be made to the school.

If you would like any further information about this course, or others planned for the future, please do not hesitate to contact me on 0131 561 6510 or tommy.goldie@midlothian.gov.uk

Tommy Goldie
Community Recreation Officer

Midlothian Schools Ski Programme Course 83: 6 Jan – 10 Feb inclusive

I would like my son/daughter to take part. Their name is:

They attend Primary School. They are in P

My address is:

My telephone number is (please include full area code):

I claim/am eligible* for Free School Meals/Clothing Grant Yes/No*
(If you are eligible, but do not claim, you will need to provide proof of eligibility.)

I enclose cheque/postal order/cash* for: **£60.00/£40.00***
(Payable to "Midlothian Council")

My relationship is: Mother/Father/Legal Guardian*

My name is, (printed): Signature:

Please return this form completed, and with payment, to your child's school as soon as possible.

*** Delete as appropriate.**

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.

Are there any other issues which may affect your child's participation?

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

Signed _____ (Parent/Carer) Date _____

Please return this form to _____ by Date _____