

PARENTAL AGREEMENT FOR EDUCATIONAL VISITS

Establishment/Group:	St Mary's Primary School, Bonnyrigg		
Name of pupil/student:			
Details of visit to:	Midlothian Snowsports Centre	Date of Birth:	
Date(s) From:	27 April	To: 1 June inclusive	Class:
Time(s) From:	9.45 am	To: 11.00am	
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.

Are there any other issues which may affect your child's participation? YES/NO

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 St Mary's Primary School by Tuesday 2nd February

Please complete and return as soon as possible

Midlothian Schools Ski Programme Course 85:

27 April – 1 June inclusive

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

They attend St Mary's R C Primary School. He/she is in P 5

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.**

Please indicate below the level of ability of your child:

Level 1 Beginner

level 2 – level 3 (Control speed using snowplough)

level 4 – level 5 (Plough parallel/basic parallel)

level 6 + (parallel with pole plant)