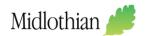
Education and Children's Services Division



PARENTAL AGREEN	MENT FOR EDUCATIONAL VISITS						
Establishment/Group:	Tynewater Primary School						
Name of pupil/student							
Details of visit to:	Oxenfoord Castle Date of Birth:						
Details of visit to.	Oxemoord Castle						
Date(s) From:	Tuesday 5 October 2021 To: Class: P3						
Time(s) From:	12.00pm To: 3.15pm						
Home Address:							
Lamasta							
I agree to agree to his / her parti	(name) taking part in this visit and have read the information sheet. I cipation in the activities described. I acknowledge the need for him / her to behave in a responsible manner.						
Medical information							
Any condition requiring medical treatment, including medication? YES / NO							
If yes, please give brie	of 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.							
Insurance Information: Midlothian Council provides public liability cover and travel cover for approved educational visits.							
	take place according the Midlothian Council's Off-Site Visits Policy. A copy of the policy is available for inspection For or on the Council website. The visit has been risk assessed and every effort will be made to minimise risk	эn					
	risk free environment is unrealistic and in signing the parental consent form, you are asked to acknowledge tha isk remains. It is not anticipated that risks will exceed those incurred in normal day to day living.	t					
Declaration							
	ghter receiving medication as instructed and any emergency dental, medical or surgical treatment, or blood transfusion, as considered necessary by the medical authorities present. I understand the						
	f the insurance cover provided.	_					
	ny child to receive emergency medical treatment/anaesthetic as considered necessary by the medical	٦					
	th the exception of the administration of blood or blood products. I accept full legal responsibility for ase Midlothian Council and its staff from any liability for any consequences resulting from this decision.	┙					
Contact name and te	elephone numbers						
Name	Work						
Mobile							
Alternative contact name and telephone number (e.g. grandparent/neighbour) Name							
Tel No							
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	Oxenfoor	d Castle	Activity	P3 - Tour of the castle			
Date (s)	Tuesday 5	October 2021	Departure time Return Time	12.00pm 3.15pm			
Form of Transport	Walking		Name of Leader	Miss Cruikshank			
Other Leaders	Mrs McNairn and parent helpers						
Volunteers Required to help with this visit YES							
Packed Lunch Required? 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.							
P3 will have their lunch at the earlier time of 11.30am.							
Pupils should wear suitable walking shoes with waterproof jacket (weather dependant).							
Signed			Г	Date			
	ad of Establ	ichmont					