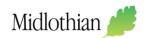
Education and Children's Services Division



PARENTAL AGREEM	MENT FOR	R EDUCATIONAL V	ISITS			1.110			
Establishment/Group:		Tynewater Primary School							
	l -								
Name of pupil/student	t:								
Details of visit to:		Glasgow			Date of	f Birth:			
	[L			
Date(s) From:	Wednes	sday 3 November	To:			Class:	P5, P6 & P7		
			_						
Time(s) From:	8.50am		To:	3.15pm					
Home Address:									
I agree to				(name) taking n	art in this visit	and hav	e read the inform	ation sheet I	
agree to his / her parti	icipation in	the activities descr	ibed. I						
Medical information									
Any condition requiring	g medical	treatment, including	medica	ation? YES / N	10				
If yes, please give brie	ef details								
Any known allergy to	medicine (e.g. penicillin) or oth	ner fact	ors (e.g. animals)					
Name, address and telephone number of your family doctor									
	•	<u> </u>							
Please give details of any special diets									
e.g. vegetarian/diabetic/no specific 'E' numbers etc. Can your shild swim 35 motros 2 YES / NO									
Can your child swim 25 metres? TES / 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	n : Midle	othian Council provid	des pub	olic liability cover and	travel cover fo	or appro	ved educational v	visits	
The planned visit will t	take place	according the Midlo	othian C	Council's Off-Site Visi	its Policy. A c	opy of th	e policy is availa	ble for inspection	
from the Group Leade Nonetheless, a totally									
a degree of residual ri								Ŭ	
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 o				OR		•			
I give permission for n	ny child to	receive emergency	medica	_	etic as conside	ered nec	essary by the me	dical	
authorities present, wi this decision and relea									
			Stall III	on any hability for an	iy consequenc	es resur	ung nom uns dec	151011.	
Contact name and te	elephone	numbers							
Name		H	lome		V	Vork			
Mobile									
Alternative contact name and telephone number (e.g. grandparent/neighbour) Name									
Tel No Relationship to pupil									
I am interested in I	being a p	parent helper YES	S/NO	Payment Metho	od (please ci	rcle):	Cash Chequ	e ParentPay	
Signed				(Parent/Ca	rer) Date				
Cigilica				(1 alelii/Ca	uoi, Dale				



Parental Information for Educational Visit

ΡI	Form
Г	FULL

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	Glasgow	Activity	P5, P6 & P7 – COP26 Event					
Date (s)	Wednesday 3 November 2021	Departure time Return Time	8.50am 3.15pm					
Form of Transport	Coach (1 per class)	Name of Leader	Miss Blyth, Mrs Clarke, Mrs Leonard, Mrs Thompson & Mr Watson					
Other Leaders	Mr Christie, Mrs Ketchion and parent helpers.							
Volunteers Re	quired to help with this visit Y	'ES						
Packed Lunch Required?	l l							
Cost of Visit £8.00 per pupil								
What needs to	be brought for the visit (e.g. a	additional information	n, 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.								
Please provide a snack, packed lunch, water bottle and any necessary medication.								
Signed	ad of Establishment		Date					