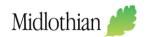
PARENTAL AGREEN	IENI FU	K EDUCATIONAL V	13113						
Establishment/Group:		Tynewater Primary School							
Name of pupil/student	:								
r P P P									
Details of visit to:		Edinburgh Castle			Date	Date of Birth:			
D : () E	Torresta	O November	_		<u> </u>	ا م	D4		
Date(s) From:	2021	ay 9 November	To:			Class:	P4		
Time(s) From:	9.00am	1	To:	3.15pm					
Home Address:									
I agree to agree to his / her parti	cipation ir	n the activities descr	ibed. I				ve read the information ave in a responsible m		
Medical information Any condition requiring			medic	ation? YES	/ NO				
If yes, please give brie	ef details								
Any known allergy to r	medicine	(e.g. penicillin) or oth	ner fact	ors (e.g. animals)					
Name, address and te	elephone r	number of your famil	y docto	or					
Please give details of e.g. vegetarian/diabeti									
Can your child swim 2 (Being unable to swi			ent you	ır child from takir	ng part in a wa	ter-based	d activity)		
I will inform the Group between now and the			nt as so	oon as possible of	any changes in	the medi	ical or other circumstar	ices	
from the Group Leade	take place er or on the risk free e	e according the Midlo e Council website. The environment is unrea	othian C The visi alistic a	Council's Off-Site \ it has been risk as nd in signing the p	Visits Policy. A sessed and eve arental consen	copy of the ery effort w t form, yo	he policy is available fo will be made to minimis ou are asked to acknow	se risk.	
Declaration I agree to my son/dau including anaesthetic extent and limitation of	or blood to	ransfusion, as consi	dered n						
authorities present, wi	th the exc	ception of the admini	stration	of blood or blood	products. I acc	cept full le	cessary by the medical egal responsibility for lting from this decision.		
Contact name and te	elephone	numbers							
Name		H	lome			.Work			
Mobile									
Alternative contact n	ame and	telephone number	(e.g. g	grandparent/neigl	h bour) Name				
Tel No			Rela	tionship to pupil					
I am interested in b	peing a p	parent helper YES	S/NO	Payment Met	hod (please	circle):	Cash Cheque F	ParentPay	
I would like the s	chool t	o provide a pac	ked lu	unch YES/NO	– if yes, ple	ase con	mplete attached fo	orm	
Signed				(Parent/	Carer) Dat	:e			

Education and Children's Services Division



Parental Information for Educational Visit

Head of Establishment

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	Edinburgh	Castle	Activity	P4 – to	ur of castle		
Date (s)	Tuesday 9 2021	November	Departure time Return Time	9.00am 3.15pm			
Form of Transport	Coach		Name of Leader	Miss Purvis			
Other Leaders	Mrs Hunte	ter and parent helpers.					
Volunteers Re	quired to hel	p with this visit Y I	ES				
Packed Lunch Required?	nch YES School uniform/dress code required? YES						
Cost of Visit		£1.00 per pupil (travel subsidy received from Historic Scotland)					
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.							
Please mark on the attached sheet if you would like the school to provide a packed lunch along with sandwich filling choice, if you do not fill this in we will assume that you will provide your own.							
Pupils should wear suitable walking shoes with waterproof jacket (weather dependant).							
Please provide a snack, water bottle and any necessary medication.							
Signed				Date			

Please return to the school office along with the permission form by Friday 8 October 2021

P4 Visit to Edinburgh Castle

Please tick your preference below and return to the school along wi	th your permission form
I will provide my child with a packed lunch on Tuesday 9 No	vember
OR	
I would like the school to provide my child with a free packet	d lunch on Tuesday 9 November
Chicken	
Cheese	
Egg	
Tuna	
Child's Name	Class
Signature of Parent/Carer	Date