Midlothian	
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PC Form

Name of pupil/student.         Details of visits to:       Pathead Village Area, Dreepie Burn       Date of Birth:         Date (s) From:       Various dates between 18/08/21 and 300/6/22       Class:       P1 to P7         Time(s) From:       To:								
Details of visits to:       Pathnaad Village Area, Dreepie Burn       Date of Birth:         Date (s) From:       Various dates between 18/08/21 and 300/6/22       Cisas:       P1 to P7         Time(s) From:       To:	Establishment/Group:	Tynewater Primary School						
Path and Ford	Name of pupil/student:							
Time(s) From:       To:         Home Address:       Iagree to is / here 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       Image: to is / here 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       Image: address and telephone number of your family doctor       Image: address and telephone number of your family doctor         Please give details of any special diets       e.g., wegetarian/diabetic/no specific E numbers etc.       Image: address and telephone number of 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 commercement of the visit.         Insurance Information: Midiothian Council provides public liability cover and travel cover for approved educational visits.         The planed visit lide big place according if the Middethian Council of Sife Visits profile / A any row 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	Details of visits to:							
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Any condition requiring medical treatment, including medication?       YES / NO         If yes, please give brief details	I agree to (name) taking part in these visits 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.							
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/diabeticino specific 'F numbers etc.         Can your child swim 25 metres?         YES / NO         (Reing 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. The planned visit will take place according 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 tree 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 exception of the administration of blood or blood products. I accept full legal responsibility for this decision.         OR (only tick one box)       I give permissio								
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Mobile Alternative contact name and telephone number (e.g. grandparent/neighbour) Name Tel No Relationship to pupil I am interested in being a parent helper YES/NO	Contact name and tel	lephone numbers						
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Tel No	Mobile							
I am interested in being a parent helper YES/NO	Alternative contact name and telephone number (e.g. grandparent/neighbour) Name							
	Tel No Relationship to pupil							
Signed (Parent/Carer) Date	I am interested in bei	ng a parent helper YES/NO						
	Signed	(Parent/Carer) Date						

## PLEASE RETURN THIS FORM BY FRIDAY 3 SEPTEMBER 2021

## Education and Children's Services Division

## Parental Information for Educational Visit

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	Pathhead Village Area, Dreepie Burn Path & Ford	Activity	Learning about the local area		
Date (s)	Various dates between 18/08/21 and 30/06/22 (weather permitting)	Departure time Return Time			
Form of Transport	Walking	Name of Leader	Class Teacher		
Other Leaders					
Volunteers Required to help with this visit Notice would be given if volunteers are required					
Packed Lunch No School uniform/dress code required? YES Required?					
Cost of Visit	NIL				
What needs to be brought for the visit (e.g. additional information, clothing requirements, etc)					
Normal school uniform, footwear and jacket when cooler. Sun cream when weather is warmer.					
The class teacher will post on Seesaw the date and details of any planned local walks.					

Signed

Head of Establishment

Date 25/08/2021

PI Form

Midlothian