

Date: May 2019

Dear Parent/Guardian

NOTIFICATION OF EDUCATIONAL VISIT

IMPORTANT – PLEASE READ

In order to ensure the proposed activity is planned, agreed and safe for all, Section 2 of this form must be completed and returned as below:

If you are **under 18 years of age**, you will not be allowed to participate in this activity unless this form has been signed by your parent/guardian.
If you are **18 years of age or over**, you may complete and sign the form yourself.
All participants must sign the declaration at the end of this form.

It is unlikely you will be able to participate unless the form is FULLY completed and returned on or before the

SECTION 1 - TRIP/VISIT NOTIFICATION

General

Description of visit	Outdoor Pursuits Centre		
Visit objective	Developing outdoor skills, personal and social skills. Developing sporting skills and developing social responsibilities.		
Date of activity	From 23 June 2019	To	28 June 2019

Travel Arrangements

Transport contractors	Real Coach Hire		
Location/time for Departure	School		
	Time	13:30hrs	
Pupils must be at departure site at least	15 minutes before departure		

People

Group Leader	Mr Nick Brown			
Number of supervisors on visit	Male	1	Female	2
Number of pupils participating	Male	13	Female	8
Level of supervision				
Parental Briefing:	no			

Insurance and Payment

Insurance: Zurich

Cost of Trip 385.00

SECTION 2 - PARENTAL CONSENT

Participant Details

Name of Participant	
Address	
Postcode	
Date of Birth	
Home telephone number	(please include STD Code)

Parent/Guardian Detail

Name of Parent/Guardian	
Address (if different from above)	
Postcode	
Home telephone number	(please include STD Code)
Emergency Contact Person	Relationship to Participant
Emergency Tel No (day)	(please include STD Code)
Emergency Tel No (eve)	(please include STD Code)

Doctors Contact Details

Name of participant's Doctor	
Address	
Postcode	
Telephone number	(please include STD Code)

Medical Information

Details of participant's food allergies or other special dietary needs	
Details of participant's medicinal allergies, medical requirements or other special needs (Please provide full details of dosage and who is to administer any medication that may be required)	
Has your son/daughter/ward received a tetanus in the last five years?	Yes No

General

Any other details you wish to make the organisers aware of
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Declaration

Declaration: PARENT/GUARDIAN (of participants under 18 years of age)

In signing this document:

- I have read and fully understand the information relating to the proposed activity;
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged;
- I consider my son/daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date;
- I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present;
- It is advisable that your son/daughter/ward does not bring any expensive electrical items. If they do they are solely responsible for them. If they do decide to bring a mobile phone it must be switched off at times deemed by the group leader.

Name _____

Signed _____ Date _____

Declaration: PARTICIPANT (All)

I, as a participant in the stated activity, agree to abide by the rules and act upon the instructions of staff.

Name _____

Signed _____ Date _____

PLEASE RETURN TO THE ADDRESS DETAILED BELOW

Name of Centre St Joseph's RC School (Salisbury)

Address