

STEP 3: Educational visits around the local area

Howes Primary School

General Information

School: HOWES PRIMARY SCHOOL

Proposed visit/ activity: EDUCATIONAL VISITS THAT TAKE PLACE DURING THE SCHOOL DAY

Venue: VARIOUS IN LOCAL AREA. At different times during your child's school life opportunities are taken for educational visits related to the local area e.g. the local shops, the park, local churches etc. We would like you to agree to such trips with a one off agreement rather than us write to you every time especially as many visits are dependent on the weather.

We can assure you that all trips will have been covered by a risk assessment by the teacher in charge, appropriately supervised according to Local Authority guidelines and conform to health and safety etc.

Any educational visits involving transport which go beyond Coventry will of course be subject to the usual parental permission letter related to that particular visit.

If you have any queries or concerns please contact the school office.

I wish my son/ daughter: **Date of Birth:**.....

to be allowed to take part in the above mentioned activities or visits and agree to his/her taking part in any or all of the activities described. I understand that, while the establishment staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. All visits are covered by public liability insurance and trips outside the City are usually covered by comprehensive travel insurance. Details of cover are available from the establishment on request.

Travel Sickness

My child suffers from travel sickness: Yes No

My child will require travel sickness medication for a trip: Yes No

DECLARATION

I understand that the school will notify me in advance of school trips or activities that my child is due to attend or undertake and having understood the level of supervision to be provided, I agree to my child taking part.

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.

The school's Behaviour Policy will apply on all trips and activities. I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I agree to my son/daughter receiving medication as I have instructed in this form and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Full name of parent or carer (print please): **Date:**.....

Explanatory Notes: This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in educational visits.
2. It advises you that the Children, Learning and Young People's Service will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
3. If this form is not returned your child will NOT participate in visits.
4. If you wish to discuss the contents please contact the School Business Manager.
5. **PLEASE READ STEP 1: DATA COLLECTION SHEET FOR DETAILS OF HOW WE PROCESS YOUR CHILD'S INFORMATION.**