



## Ashby hill Top Primary School Offsite Visit Policy Next review January 2022

### **Introduction**

Ashby Hill Top Primary School has a named Educational Visits Coordinator (EVC) – (Nikki McMahon) The role of the EVC is to ensure the school fulfils its Health & Safety obligations for visits. The EVC will be involved in the planning and management of residential activities, swimming, school trips and any other off-site visit led by school staff. The school will also ensure that the EVC receives training to enable the role to be undertaken effectively. Training will be updated in accordance with LA recommendations.

The LA has a role to play in supporting the school in relation to off-site visits. The EVC can seek support from the LA in:

- Arranging induction for the EVC
- Giving advice, guidance and appropriate training to the EVC
- Help the EVC to give access to specific training for staff leading or otherwise supervising educational visits
- Ensuring relevant risk-assessments are complete, up to date and in accordance with LA guidelines and that the EVC is aware of their findings
- The LA will monitor the work of the school's EVC.
- The Governing Body must agree all residential visits before they take place and will be kept informed, through the Headteacher, of all off-site visits.

### **Visits**

At Hill Top Primary School, children may be offered off-site educational visits relating to the curriculum. The purpose of the visits will be to enhance the learning that is taking place through the curriculum in school.

In Key Stage Two, children in year 4 and 6 will be offered a residential visit.

Children in Year 4 will attend swimming lessons at Hill Top.

All children will attend an annual Harvest Festival and all KS2 a Carol Service which is held at Holy Trinity Church.

A variety of trips to local schools and colleges will be offered to the children in all key stages (choirs, music festivals, curriculum visits, sports competitions)

Parents will be requested to sign a local release form to enable short local visits to be made (visits to church, local shops, library etc) when their child starts at Hill Top. Class Teachers will inform parents when these visits occur but they do not need written parental permission.

For other visits such as sporting fixtures and class visits parents will sign a specific letter of consent.

All pupils are eligible to attend educational visits, residential and visits although individual pupils with a medical, physical or behavioural need will be considered when a risk assessment is written.

### **Transport**

School Staff transporting children to off-site activities must sign to say that their car insurance policy covers "Class 1 Business use" and have a valid MOT certificate. All children will wear a seatbelt at all times. On a coach/bus, children will have their **own** seat belt. As required by law, children must normally use a child car seat until they're 12 years old or 135 centimetres tall, whichever comes first. Children over 12 or more than 135cm tall must wear a seat belt.

Consent forms will indicate if children are being driven to a visit or children are travelling by a hired bus, coach or mini bus. Parents will be asked to sign consent forms giving permission for their child(ren) to travel with other parents to take their child to a venue **from Ashby Hill Top School**. (even though this is voluntary)



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If any bus is deemed to be defective by a member of staff, it will not be used to transport children to school or the intended venue.

The school will ensure that there is the correct level of insurance to cover all adults and children on the trip.

Risk assessments for the transportation of children and adults will be completed for all trips.

#### **Procedure for Arranging Off-site visits**

All class visits must be planned at the start of the half term when the teacher is completing his/her medium term planning. Residential visits should be planned at least two full terms in advance. Sporting Fixtures and Festivals will not always be able to give this much notice due to the nature of the competitions entered.

All proposed visits must be agreed in principle with the EVC and Headteacher before any further enquiries are made. The date of the proposed visit must be checked with the school diary at this stage to avoid "double booking" of school events. At this time the "Initial Authorisation Form" must be completed by the member of staff leading the visit and signed by the Headteacher.

The office manager will be given a location, date and number of staff and children as soon as the visit has been agreed in principle and this will be entered in the diary.

For class visits, where deemed appropriate, a pre-visit will be made by the EVC or member of staff leading the visit to enable a risk assessment to be undertaken.

The office manager will gain quotations for transport, entrance and other costs. This amount will be divided by the number of children invited, and the figure rounded to the nearest sensible sum. This will be the cost per child of the visit.

The school will not make a profit from a trip. Any surplus from the money collected will either be spent on the children (e.g. a small gift from the shop) or returned to the parents following the trip. Parents will not be expected to pay more than £15 for any trip (excluding Residential trips).

If the visit is wholly or mainly educational and linked to the curriculum, children will not be excluded for not being able to or refusing to pay. However, it will be made clear to parents in the letter that if insufficient money is collected, the trip may be cancelled.

All pupils are eligible to attend educational visits, residential and visits although individual pupils with a medical, physical or behavioural need will be considered when a risk assessment is written.

If a trip is not linked to the curriculum, either during or out of school hours, we reserve the right to refuse children from going if their parents do not pay for the trip or a risk assessment by the staff highlight that supervision of the child would be too difficult. An alternative curriculum will be planned for the child during school hours.

If parents have paid for a trip but then the child does not attend due to medical reasons, they will have a refund (unless a non-returnable deposit has to be paid to an external company – in which case this will be explained to parents at the outset). Non-attendance due to other reasons will not entitle parents to a refund. Once the trip has been costed, the teacher will pass the signed "Initial Authorisation Form" to the EVC to complete a visit risk assessment form.



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**Supervision and Responsibilities**

**Ratio of adults: children**

**DAY VISITS**

The following ratios should be considered the minimum for off-site day visits: For example visits to local historical sites and museums or for local walks in normal circumstances.

Years 1 to 3 a ratio of 1:6 (1 adult to 6 children)

Under 5's Foundation classes should have a higher ratio

Years 4 to 6 a ratio of 1:10 - 15 (1 adult to 10 - 15 children)

The lead teachers are responsible for the organisation and safety of the children and adults on the visit. Parents or volunteers attending are there in a supporting role and are under the supervision of a teacher or lead teacher at all times.

**RESIDENTIAL VISITS**

For all residential visits, at home or abroad, a good guide is 1 adult to 10 children. Circumstances for each trip may be discussed with the EVC or Headteacher to determine the appropriate supervision numbers.

All residential visits will be led by a member of staff having received EVC training organised by the LA.

A pre-visit is to be made if deemed appropriate by the EVC or leading member of staff to establish that the site is suitable for a visit and a risk assessment can be undertaken.

Where children are of infant school age (less than 7 years old) it is desirable to have mixed gender supervision. However, if this is not possible then reasonable care should be exercised at all times, eg. boys being taken into the female toilet by female staff.

On residential visits at least one of the adults must hold a valid first aid certificate.

**Administration**

- All visits will require the completion of the Initial Visit Authorisation Form (app. 1)
- All visits will require the completion of a Risk Assessment (appendix 2)
- Residential visits will require the completion of the Evolve on line system informing Leicestershire Education Authority of details of the proposed trip.
- Residential visits will require the completion of medical forms (appendices 4 & 5) or similar supplied by the residential centre. Serious medical conditions should be discussed with parents prior to the visit and included as part of the risk assessment.
- Risk assessments to include details of members of staff who have first aid training.
- A copy of all consent forms should be retained in school during any residential visits.
- A copy of all medical forms to be carried by the lead teacher during any residential.
- Risk assessments are to be read and signed by all school staff and where appropriate (considering data protection and privacy) by other "supporting" adults.
- Where appropriate, risk assessments provided by the visited centre are to be attached to the school risk assessment.
- For out of school hour visits when the school office will not be open a list of names, and telephone numbers of all children attending should be retained by all supervising adults. Frequent 'head counts' should be carried out.



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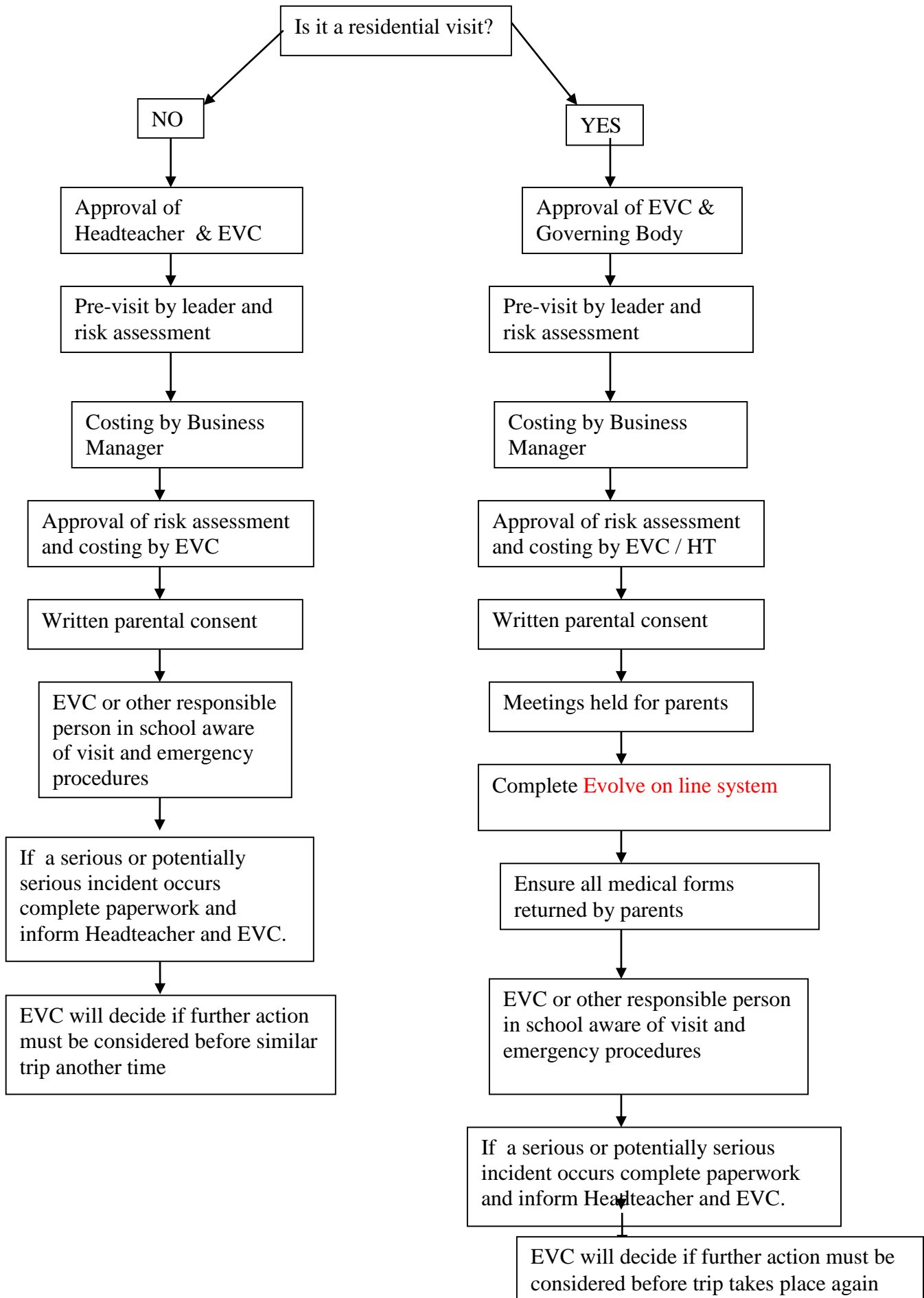
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- All documentation related to a residential is to be filed in the school trip file in the main office.
- If a serious or potentially serious incident occurs whilst on a school visit or residential trip the appropriate paperwork must be completed by the lead teacher, the Headteacher informed and details retained in school once the visit is over.
- The lead teacher on any off site visit should carry this school mobile phone and use this, and not their personal phone for contacting any parents in the event of an emergency or failure to pick up at an agreed time or place.



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**Procedure for off-site visits**





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**Off Site Visit – Initial Authorisation Form**

|  |  |
|--|--|
| <b>Proposed visit to:</b>  |  |
| <b>Date of proposed visit:</b>   |  |
| <b>Class/Year Group</b>  |  |
| <b>Number of children:</b>   |  |
| <b>Number of adults (including names)</b>  |  |
| <b>Lead Staff Member</b>   |  |
| <b>Names of any children that may cause concern on the trip – medical/behaviour</b>                      |  |
| <b>Names of children who cannot have photographs taken – highlight those applicable – in class order</b> |  |
| <b>Names of children not yet responded to photo consent</b>  |  |
| <b>Coach booked? Size?</b>   |  |
| <b>Trip authorised by:</b>   |  |
| <b>Date:</b>   |  |

**Important Notes**

- Trip Risk Assessments (RA) must be completed and signed off by the EVC (Nikki McMahon) at least ten days before the trip goes ahead wherever possible.
- The following ratios should be considered the minimum for off site day visits: e.g.visits to local historical sites and museums or for local walks in normal circumstances.
  - Years 1 to 3 a ratio of 1:6 (1 adult to 6 children)
  - Under 5's Foundation classes should have a higher ratio
  - Years 4 to 6 a ratio of 1:10 - 15 (1 adult to 10 - 15 children)
- All initial queries about RA to go to the EVC.



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Appendix 2

**Ashby Hill Top Primary School Risk Assessment for Year 5/6 Sportshall Athletics –**  
**Tuesday 8<sup>th</sup> November 2016**  
**Leader: Nikki McMahon**

**18 year 5/6 children**

| Risk Assessment – Transport – staff and parent cars |               |  |  |
|---|---------------|--|--|
| Hazard  | People Harmed | Risk Control   | Further Action   |
| Injury in accident                                  | All           | Children and staff to be seat belted at all times.<br>Children under 135 cm on booster seat.<br>Permission from parents to travel in staff or parents car.<br>Staff to have appropriate insurance cover.   |  |
| Road Accident                                       | All           | Children seat belted at all times with three point harness, not lap belt.<br>Children must not distract the car driver whilst the vehicle is in motion.  | Ensure that buses used have appropriate documentation and driver holds relevant qualifications prior to booking.   |
| Road Accident                                       | All           | <i>If the accident is not serious</i><br>On normal road keep pupils safe by remaining in vehicle if it is safe to do so.<br>If not then move children to a safe location protected from oncoming traffic and following highway code, supervising children at all times to avoid danger.<br><i>If the accident is serious</i><br>Move those able to walk away from the scene of the accident keeping them safe throughout.<br>Deal with casualties as best as you can until emergency help arrives. | Control communications with parents.<br>Contact school and Headteacher asap.<br><br>Headteacher to control communications with parents.<br>Contact school and Crisis Line asap.<br>Co-operate with emergency services and member of staff accompanies any injured child to hospital and remain with them until parent or guardian arrives. |
| Breakdown of transport – normal roads               | All           | On normal road keep pupils safe by remaining in the car if it is safe to do so.<br>If not then move children to a safe location protected from oncoming traffic and following highway code, supervising  | Keep children in a safe position until either the problem is fixed or replacement transport arrives.<br>Contact school asap.   |



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|  |                      | children at all times to avoid danger.   |   |
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| Risk Assessment – At Castle Rock School, Coalville |                      |  |   |
| <b>Hazard</b>                                      | <b>People Harmed</b> | <b>Risk Control</b>  | <b>Further Action</b>   |
| Supervision  | Children             | Two staff members/adults to attend gala to supervise children.   |   |
| Car Park   | All                  | Children to be supervised at all times when getting in and out of coach or retrieving kit from the boot.<br>Move children to a safe place, away from parked and moving cars asap.  | Staff to be responsible for all passengers walking to designated safe/meeting place.  |
| Toilets  | All                  | Children to be accompanied to the toilets in groups by member of staff or their own parent.  | Ensure children know they have to ask to go to the toilet so that supervision can be arranged.  |
| Changing Rooms                                     | All                  | Children to change in appropriate changing rooms and one staff member assigned to male and female changing rooms.  | If no male member of staff present ensure children know where to go once changed.   |
| Sportshall   | All                  | Children to be supervised in sportshall at all times.<br>Children informed where to sit when competing   | Ensure children know arrangements for being ready for their races   |
| Fire Risk  | All                  | Children and Staff given clear instructions for emergency evacuation of pool (to do on arrival)  | Ensure event organisers give information prior to start of event  |
| Safety of pupils when not competing                | Children             | Staff to ensure that children stay together when the team are competing.   | Designate an area for children's belongings.  |
| Young person becomes ill or is injured             | Children             | Children informed what to do in the case of emergency<br>Member of staff identified to accompany the injured or ill young person to hospital if necessary.<br>Staff will remain there until parents/guardians arrive or the patient is released. | Supervision reorganised to take into account the member of staff now missing.<br>Arrangements to return member of staff and child if necessary to school/home.<br>Appropriate paperwork completed by tournament organisers. |





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| Member of staff becomes ill or is injured      | Staff                            | Supervision reorganised to take into account the member of staff now missing.<br>Contact made with school so that next of kin can be informed through headteacher asap.<br>Additional/replacement staff to join the activity if appropriate.   | Contact School (Headteacher)   |
| Young person gets lost                         | Children                         | Head count taken on a regular basis  | Contact School (Headteacher) if pupil missing.   |
| Pupil becomes a victim or perpetrator of crime | Pupils                           | Children to stay in small groups throughout the day and instructed to remain with their team at all times.<br><br>Member of staff identified to accompany the pupil to the police station if necessary and remain until parents/guardians arrive or the pupils released.<br><br>Supervision reorganised to take into account the member of staff now dealing with the situation. | The named emergency member of staff supplied with the means of returning home once parents arrive or the youngster is released |
| Children causing concern                       | Named Pupils (behaviour/medical) |  |  |

**Notes:**

1. Ensure children's contact numbers carried at all times
2. Ensure children have any appropriate medication for children and first aid bum bag.
3. Ensure you have a contact number for all children
4. Mobile phones are switched on and charged and school and staff numbers stored

This Risk Assessment seen and agreed by:

| Name | Signature | Mobile Number | Date |
|------|-----------|---------------|------|
|      |           |               |      |
|      |           |               |      |
|      |           |               |      |



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**Delete A1 Form – perhaps include screen shot of Evolve form**

**A1**

**NOTIFICATION OF SCHOOL/COLLEGE VISIT FORM**

|                       |                               |                |      |
|-----------------------|-------------------------------|----------------|------|
| <b>School/College</b> | Ashby Hill Top Primary School | <b>DfE No.</b> | 2321 |
|-----------------------|-------------------------------|----------------|------|

|                        |                                  |                |              |
|------------------------|----------------------------------|----------------|--------------|
| <b>Contact Address</b> | Beaumont Avenue, Ashby, LE65 2NF |                |              |
| <b>Telephone</b>       | 01530 415736                     | <b>Fax No.</b> | 01530 414283 |

|                          |             |                       |             |
|--------------------------|-------------|-----------------------|-------------|
| <b>Date of Departure</b> | 26 / 4 / 17 | <b>Date of Return</b> | 28 / 4 / 17 |
|--------------------------|-------------|-----------------------|-------------|

| Number in Party (by age group) | Year | R | 1 | 2 | 3 | 4  | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | TOTAL |
|--------------------------------|------|---|---|---|---|----|----|---|---|---|---|----|----|----|----|-------|
|                                | Boys |   |   |   |   |    | 22 |   |   |   |   |    |    |    |    |       |
| Girls                          |      |   |   |   |   | 22 |    |   |   |   |   |    |    |    |    |       |

|                              |                       |                     |              |
|------------------------------|-----------------------|---------------------|--------------|
| <b>Accommodation Address</b> | Beaumanor Hall & Park |                     |              |
|                              | Woodhouse, LE12 8TX   |                     |              |
| <b>Telephone</b>             | 01509 890119          | <b>Email or Fax</b> | 01509 890912 |

|                                |                                  |
|--------------------------------|----------------------------------|
| <b>Aim or Purpose of Visit</b> | Outdoor & Adventurous Activities |
|--------------------------------|----------------------------------|

|  |  |     |
|--|--|-----|
| <b>Activity Centre Licence Number (if appropriate)</b> |  | N/A |
|--|--|-----|

|                                |          |                                |            |
|--------------------------------|----------|--------------------------------|------------|
| <b>Mode of Transport</b>       | coach    | <b>Operator or Tour</b>        | Macpherson |
| <b>Hire Agreement in Place</b> | YES / NO | <b>Company Name &amp; Tel:</b> |            |

| Staff | First Name & Surname | M/F | Qualifications | First Aid (✓) | Leader (✓) |
|-------|----------------------|-----|----------------|---------------|------------|
| 1.    |                      |     |                |               | ✓          |



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|    |  |  |  |  |
|----|--|--|--|--|
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

\* Please also list Non-Teachers or Volunteers who may be used as Assistant Leaders/Instructors.

\* Please list overleaf or enclose Programme of Activities.

|  |   |   |
|--|---|---|
| I/We certify that (please tick all sections that apply): |   | ✓ |
| 1  | Parents have been fully informed and have signed the consent form   | ✓ |
| 2  | The visit has the approval of the School Governors  | ✓ |
| 3  | All monies collected and accounts will be subject to audit  | ✓ |
| 4  | The appropriate sections of Guidance for the Conduct of Educational Visits and Adventurous Activities have been read by all adults accompanying the group                       | ✓ |
| 5  | A preliminary visit has been made to the area/all available information on the area has been obtained and a written risk assessment has been completed and forwarded to the LEA | ✓ |
| 6  | Additional insurance has been arranged  | ✓ |

Signature \_\_\_\_\_  
 (Party/Leader)  
 Date \_\_\_\_\_

Signature \_\_\_\_\_  
 (Head/Principal)

|                |  |
|----------------|--|
| For Office Use |  |
| Rec'd          |  |
| Adv            |  |
| Ref            |  |

121 To be returned to: Adviser for Off-site Visits, Room G30 Ground Floor  
 North, County Hall, Glenfield, Leicester LE3 8RA  
 Tel: 0116 305 3113 Fax: 0116 305 7964

**TO BE RECEIVED 6 WEEKS PRIOR TO VISIT**

**FOR SCHOOL LED ADVENTURE ACTIVITY PLEASE COMPLETE REVERSE**

Are you leading an adventurous activity? YES  NO

Activity \_\_\_\_\_

Venue/accommodation address if appropriate:

|   |  |   |  |
|---|--|---|--|
| 1 |  | ☎ |  |
|   |  |   |  |

**FOR SCHOOL LED ADVENTURE ACTIVITY PLEASE COMPLETE REVERSE**



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|   |  |   |  |
|---|--|---|--|
| 2 |  | ☎ |  |
| . |  |   |  |
| 3 |  | ☎ |  |
| . |  |   |  |
| 4 |  | ☎ |  |
| . |  |   |  |

**Activity locations to be used:**

|   |  |
|---|--|
| 1 |  |
| . |  |
| 2 |  |
| . |  |
| 3 |  |
| . |  |
| 4 |  |
| . |  |

**Staffing Information:**

| <b>Persons leading the activity<br/>(first name and surname)</b> | <b>Relevant National<br/>Governing<br/>Body<br/>Qualification</b> | <b>Date<br/>of<br/>Awar<br/>d</b> | <b>Expir<br/>y</b> | <b>LEA<br/>Leadership<br/>Category</b> |
|--|---|-----------------------------------|--------------------|--|
|  |   |                                   |                    |  |
|  |   |                                   |                    |  |
|  |   |                                   |                    |  |
|  |   |                                   |                    |  |

**I/We certify that:- (Please tick all sections that apply)**

|    |  |   |
|----|--|---|
|    |  | ✓ |
| 1. | Technical equipment used is fit for purpose  |   |
| 2. | Participants have relevant personal protection equipment   |   |
| 3. | A preliminary visit has been made to the area/all available information on the area has been obtained and an activity specific risk assessment has been completed and forwarded to the LEA |   |



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|    |   |  |
|----|---|--|
| 4. | This venture will be operated within the guidance laid down in the Adventurous Activity Guidelines for Safety and Good Practice and conform to guidance in the Guidance for Educational Visits and Adventurous Activities |  |
|----|---|--|



Ashby Hill Top Primary School - **MEDICAL CONSENT FORM Appendix 4**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Residential Course at:** Hill Top Outdoor Centre, Sheringham, Norfolk

**Dates:** 24 – 28 October 2016 **Course Leader:** Mrs Nikki McMahon

| <b>CONTACTS</b>  | <b><i>If not available please contact:</i></b>  |
|--|---|
| Name:  | Name:   |
| Daytime Telephone No:  | Daytime Telephone No.:  |
| Mobile Telephone No:   | Mobile Telephone No.:   |
| Evening Telephone No:  | Evening Telephone No.:  |
| Address:   | Address:  |
|  |   |
| <b>MEDICATION INFORMATION</b>  | <b><i>Please continue on reverse if more space required</i></b>                                       |
| 1) Doctor's name and telephone number  | 1) Dr<br>Telephone:   |
| 2a) Does your child suffer from any conditions requiring medical treatment or medication?<br>2b) If YES, please provide details.<br>2c) Are you willing for the Trip Co-ordinator to authorise your child's taking of this medicine? | 2a) YES / NO<br>2b)<br>2c) YES / NO   |
| 3a) Is your child allergic to any medicines?<br>3b) If YES, please specify.  | 3a) YES / NO<br>3b)   |
| 4) If your child is in pain whilst away, do you give the Trip Co-ordinator your permission to authorise the use of the following?  | 4) Calpol: YES / NO     Piriton: YES / NO<br>Sore throat sweet: YES / NO<br>Calamine Lotion: YES / NO |
| 5) Has your child received a tetanus injection within the last five years?   | 5) YES / NO   |
| 6) If your child gets a splinter whilst on this trip do you give permission for an adult to give the appropriate medical attention to remove it?   | 6) YES / NO   |
| 7) Please outline any special dietary requirements.  | 7)  |



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|--|--------------|
| 8) Please note any other special information about your child that we might need to know while away.                   | 8)           |
| 9) Can your child swim 50 metres unaided?  | 9) YES / NO  |
| 10) Can your child confidently ride a bike on grass?   | 10) YES / NO |
| 11) I give my permission for my child's photo to be taken & used on our website & Twitter feed. NO names will be used. | 11) YES / NO |
| 12) I give permission for my child to watch a "PG Rated" DVD whilst on this residential trip.                          | 12) YES / NO |

**DECLARATION** *If my child should come into contact with any contagious or infectious diseases, or with anything that might become contagious or infectious, within 4 weeks of departure, I will then undertake to inform the Trip Co-ordinator or the Headteacher. I will also undertake to inform the Trip Co-ordinator or the Headteacher if any of the medical circumstance should change between the date signed and the commencement of the journey. In an emergency I agree to my child receiving medical treatment, including anaesthetic, as considered necessary by the medial authorities present. Please note that every possible attempt would be made to contact parents first, unless the delay might cause the child further injury. I acknowledge the need for obedience and responsible behaviour on my child's part. I also give my consent to my child taking part in all the activities undertaken on this visit.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Appendix 5



Ashby Hill Top Primary School - **MEDICAL CONSENT FORM**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Residential Course at:** Beaumanor Hall, Woodhouse, Leicestershire LE12 8TX

**Dates:** 26 – 28 April 2017 **Course Leader:** Mrs Nikki McMahon

| <b>CONTACTS</b>                       | <b><i>If not available please contact:</i></b> |
|---------------------------------------|--|
| Name:                                 | Name:  |
| Daytime Telephone No:                 | Daytime Telephone No.:                         |
| Mobile Telephone No:                  | Mobile Telephone No.:                          |
| Evening Telephone No:                 | Evening Telephone No.:                         |
| Address:                              | Address:                                       |
|                                       |  |
| <b>MEDICATION INFORMATION</b>         |  |
| 1) Doctor's name and telephone number | 1) Dr<br>Telephone:                            |



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|--|--|
| 2a) Does your child suffer from any conditions requiring medical treatment or medication?<br>2b) If YES, please provide details.<br>2c) Are you willing for the Trip Co-ordinator to authorise your child's taking of this medicine? | 2a) YES / NO<br>2b)<br>2c) YES / NO  |
| 3a) Is your child allergic to any medicines?<br>3b) If YES, please specify.  | 3a) YES / NO<br>3b)  |
| 4) If your child is in pain whilst away, do you give the Trip Co-ordinator your permission to authorise the use of the following?  | 4) Calpol: YES / NO      Piriton: YES / NO<br>Sore throat sweet: YES / NO<br>Calamine Lotion: YES / NO |
| 5) Has your child received a tetanus injection within the last five years?   | 5) YES / NO  |
| 6) If your child gets a splinter whilst on this trip do you give permission for an adult to give the appropriate medical attention to remove it?   | 6) YES / NO  |
| 7) Please outline any special dietary requirements.  | 7)   |
| 8) Please note any other specific information about your child that we might need to know while away.  | 8)   |
| 9) Can your child swim 50 metres unaided?  | 9) YES / NO  |
| 10) I give my permission for my child's photo to be taken & used on our website & Twitter feed.<br>NO names will be used.  | 10) YES / NO<br>(The photos will only be used within school)   |

#### **DECLARATION**

*If my child should come into contact with any contagious or infectious diseases, or with anything that might become contagious or infectious, within 4 weeks of departure, I will then undertake to inform the Trip Co-ordinator or the Headteacher. I will also undertake to inform the Trip Co-ordinator or the Headteacher if any of the medical circumstance should change between the date signed and the commencement of the journey.*

*In an emergency I agree to my child receiving medical treatment, including anaesthetic, as considered necessary by the medial authorities present. Please note that every possible attempt would be made to contact parents first, unless the delay might cause the child further injury. I acknowledge the need for obedience and responsible behaviour on my child's part. I also give my consent to my child taking part in all the activities undertaken on this visit.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_