

PARENTAL CONSENT FORMName of School: Woodland Primary SchoolProposed visit: Beamish Museum

As part of this terms topic, Squirrel class will be visiting Beamish Museum on Thursday 12th March.

IMPORTANT - The coach will leave promptly at 9.00am and will return to school for approx. 3.30pm.

Please ensure that children are wearing suitable clothing and a waterproof coat for a day outside. **We would like them to wear their school sweater and then something comfortable on their bottom half.** For the children that have a school lunch, our cook will provide a packed lunch for this day, please send in with the children a small rucksack to put this in.

The cost of this visit is £9.50 per child - this includes the entrance, activity and the transport. (We have been fortunate to secure a grant for the transport so this keeps the cost down)

We ask that this is paid on the ParentPay system and the consent form returned to school by Monday 2nd March.

To the Head teacher

I am willing to allow my child _____

to take part in the above visit on Thursday 12th March.

I have received and read the information the school has provided for me outlining the type of visit and I understand the purpose and nature of the activities.

I understand that during the visit my child will be under the supervision of the teacher in charge or under the supervision of a suitably qualified and experienced member of staff.

I further consent to the giving of urgent medical or surgical treatment to my child as may prove necessary during the visit.

Please list any medical conditions or prescribed medication you want the school to be aware of. (In special circumstances, you may wish to talk to the group leader prior to departure).

I hereby undertake to indemnify Durham County Council Education Authority and teacher(s) in charge of the school party against any claims, damages, costs and expenses reasonably incurred by them on behalf of my child during the visit. This indemnity will not extend to any claims, damages, costs or expenses against the risk of which Durham County Council Education Authority or teacher(s) in charge are entitled to be indemnified under any policy of insurance.

Signed: _____ Date: _____
(parent or guardian)

Address: _____

Emergency Telephone Numbers (Day and Evening if different)

Home: _____ Mobile: _____