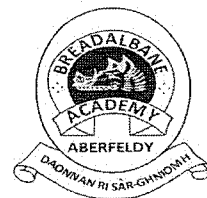
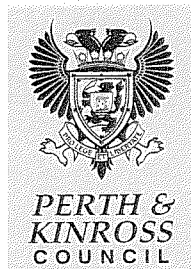


7th February 2018
(KG/RS)



John Devine M.A. (Hons); M.Ed; SQH
Headteacher

Breadalbane Academy
ABERFELDY PH15 2DU
Tel 01887 822300 • Fax 01887 820464
Email breadalbane@pkc.gov.uk
Website www.breadalbane.pkc.sch.uk

Dear Parent/Carer

Comrie Croft

As you are aware our P7 transition trip takes place from 16th May – 18th May 2018, at which time we will be going to Comrie Croft. As yet we have not received all booking forms. If you would like your child to attend the trip please return the completed form to Breadalbane Academy.

Please complete and return the attached consent form by 1st March 2018, along with the second payment of £30.00. If your child currently attends Breadalbane Academy primary please make this payment via ParentPay. Please make any cheques payable to Breadalbane Academy.

Should there be any issue regarding payment and making deadlines please get in touch with the school on 01887 822300.

Yours faithfully

Mrs K Gatehouse
DHT Support for Pupils & Staff



Education & Children's Services
Executive Director (Education & Children's Services) Sheena Devlin





PARENTAL CONSENT FOR AN EXCURSION

(to be distributed to parents with the 'Programme of Activities' and form 'Planning an Excursion')

Establishment/group: **Breadalbane Academy**

Primary School Attending at Present

Male / Female (circle as appropriate) M/F

I would liked.o.b..... (participant's name and date of birth)

to take part in the excursion and having read the information provided agree to him/her taking part in the activities described.

I acknowledge the need for (Participant's name) to behave responsibly.

1. Excursion to Comrie Croft

From: **Wednesday 16th May 2018 Time 09.00 a.m.** To: **Friday 18th May 2018 Time 3.00 p.m. approx.**

2. Medical Information about your child

a. Any conditions requiring medical treatment YES/NO

b. Is your child under prescribed medication YES/NO

If YES, please give details including whether medication is self-administered or needs adult supervision:

.....
.....
.....

c. Please outline any special dietary requirements of your child:

.....
.....

d. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from any illness in the last four weeks? YES/NO

If YES, please give details:.....
.....

e. Is your child allergic to any medication, food or animals? YES/NO

If YES, please give details:.....

f. When did your child last have a tetanus injection?

g. Do you give permission for Paracetamol to be administered?.....

Parents are asked to inform the Person in Charge of the excursion as soon as possible of any changes in the medical or other circumstances and before the commencement of the journey.

3. Swimming Ability

❖ Is your child able to swim 50 metres? YES/NO

❖ Is your child confident in the water? YES/NO

❖ Is your child confident in the sea or in open inland water? YES/NO

If your child safety conscious in water? YES/NO

Declaration

I agree to my child receiving medication as advised under 'medical information' and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I confirm that my child is in good health and I consider him/her fit to participate.

Parent's signature Date:

Full Name (capitals).....

Parents' Contact telephone numbers: Mobile:

Work: Home:

Home Address:

..... Postcode

Alternative emergency contact: - Relationship to Child:.....

Name: tel.:

Home Address:

..... Postcode

Name of Family Doctor: tel.:

Address:

..... Postcode

THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE ON THE EXCURSION.

A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT.