

1<sup>st</sup> May 2018  
(SB/SS)



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*Headteacher*

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Dear Parent/Carer

### P4 Class Trip to Dynamic Earth in Edinburgh

This term Primary 4 are continuing to work on science and the environment. As part of their learning experiences we are having a class trip to Dynamic Earth in Edinburgh. The experience offers the children a chance to build on their learning in science and social studies in one of the top centres for excellent exploration and discovery learning within Scotland.

The children will be participating in a tour, a workshop on "Fabulous Forces" and will have the opportunity to experience the 360° dome to watch the film "We are Stars".

The trip will take place on **Tuesday 15<sup>th</sup> May**. We will travel to and from the school by coach and the children will be accompanied by myself, Mrs Boyd, and four parent/adult volunteers. **We will be departing from Breadalbane Academy at 8.45am and returning back to school at 5.30pm.** Parents are asked to bring children to school at **8.30am for departure at 8.45am.** We would also ask that you return to collect children from the school at 5.30pm. Please advise me if there is any difficulty with picking up your child.

As there may be a number of other schools on trips to Dynamic Earth it is important that the children wear school uniform so they can be easily identified and stay safe.

Please ensure your child has a snack, water and a packed lunch with them as we will be out all day and I am sure they will be hungry! These items should be in a small bag that is easy to carry or store when walking, such as a rucksack.

The cost of this trip is £2 per child and is being subsidised by the Parent Fund and a bus subsidy provided by the Scottish Government via Dynamic Earth. Please complete the consent form and return it to school, and arrange to make payment by Parent Pay, **all by Friday 11<sup>th</sup> May.**



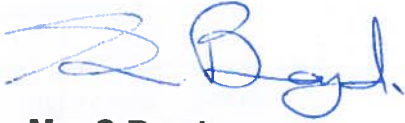
Education & Children's Services  
*Executive Director (Education & Children's Services) Sheena Devlin*



If you have any further questions please do not hesitate to get in contact with me at the school on 01887 822300.

Many thanks for your support.

Yours faithfully



**Mrs S Boyd**  
**P4 Class Teacher**



# PARENTAL CONSENT FOR AN EXCURSION

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

Establishment/group:

Breadalbane Academy

I would like ..... (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 Dynamic Earth Edinburgh

From: 15/05/18 Date Time: 08:30 To 15/05/18 Date Time: 17:30

## 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? N/A

.....

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:**

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.**