

17<sup>th</sup> September 2018  
SB/DS



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](mailto:breadalbane@pkc.gov.uk)  
Website [www.breadalbane.pkc.sch.uk](http://www.breadalbane.pkc.sch.uk)

Dear Parent/Carer

#### **P4 Outdoor Learning – Lower Birks, Aberfeldy**

This year Primary 4 are planning to work on science and the environment including topics such as 'Water' linked to animals, plants and our local environment. As part of their learning experiences we are planning a variety Outdoor Learning sessions at the Lower Birks. The sessions will be led by me and some will involve the countryside rangers, Emma O'Shea, Outdoor Education Instructor and organisations which support conservation within Scotland.

The children will be encouraged to explore the wonder of nature and the beauty of their own environment. We will be learning about plants and animals that live locally and what we can do to help wildlife and how to be "Eco friendly".

Our first session in the Birks is planned for Wednesday, 19<sup>th</sup> September from 1.15-3.15pm, and then regular Wednesday afternoons thereafter. Some sessions will take place in the school grounds.

Children should bring to school the following;

- Outdoor shoes, a waterproof jacket and warm clothing, including a hat and gloves when the weather is cooler
- Long trousers and long sleeved t-shirt or top
- Sunscreen and/or a sun hat/cap
- Snack and water
- Medication – any inhalers or medicines they need



Please note that it is advisable to check for ticks at home after each outdoor session. Further advice can be obtained from

<http://www.nhs.uk/Conditions/Lyme-disease/Pages/Introduction.aspx#remove>

Please return the completed consent form to me by Wednesday 19<sup>th</sup> September at [SusanBoyd@pkc.gov.uk](mailto:SusanBoyd@pkc.gov.uk)

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

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:

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

Date:  Time:  To:

## 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.**