

RIBCHESTER ST. WILFRID'S C OF E PRIMARY SCHOOL

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28 February 2017

Longridge High School Primary Programme Year 4 STEM – Friday 10 March

Dear Parents,

In line with British Science Week 2017 Longridge High School are holding a Year 4 STEM week. Our pupils have been invited to attend Longridge High School on Friday 10 March along with two other local schools.

Transport will be provided by Longridge High School. The children will be picked up from school at **8.40am** and will return to school at around **1.00pm**.

Please provide a **packed lunch** for your child to eat on return to school.

Please complete the medical form attached and return with the slip below giving permission for your child to attend.

Yours sincerely,

Mrs A G Cottam
Headteacher

Longridge High School Primary Programme Year 4 STEM – Friday 10 March

Child's Name: _____

I give permission for my child to attend the Year 4 event at Longridge High School as outlined in the letter dated 28 February 2017

Signed: _____

Date: _____

**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM
FOR TYPE A EDUCATIONAL/OFF-SITE VISITS**
(This form is to be completed in full by the parent/carer and returned to the School)

DETAILS OF VISIT:Visit to: **Longridge High School**From: **Friday 10 March 2017 8.40 am**To: **Friday 10 March 2017 1.00 pm**Child's name: Date of Birth: Form/class: **Year 4**

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school with any medical information or changes to emergency contact details.

EMERGENCY DETAILS:

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) Work: (.....)

Mobile Telephone no:

Name & Address:

.....

b) Please state an alternative contact point: - Telephone number: (.....)

Name & Address of Contact:

.....

OTHER INFORMATION:

Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect him /her in this visit:

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DECLARATION BY PARENT/CARER:

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed visit and the insurance arrangements.
- I consent to my child taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Centre prior to the visit.

Signature of Parent/Carer Date.....

(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carer in block letters:

Address:

.....

NOTE: THIS COMPLETED FORM TO BE RETURNED TO THE SCHOOL/CENTRE.

In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.