

**MIDLOTHIAN COUNCIL – EDUCATION DIVISION ME2**

Parental Agreement to Educational Excursion that DOES NOT involve Overnight Educational Excursion/Foreign Travel/Outdoor Education  
**SECTION A – To be retained by parent or guardian**

1. Date of Excursion                      Tuesday 20<sup>th</sup> June 2017

2. Departure time 8.50 am                      Return Time    12:30 pm

3. Destination                                      Sky Studios, Livingston

4. Description of activity – Further knowledge, understanding and experience of STEM through SKY academy, looking at Internet safety.

Member of staff responsible for excursion    Mrs Hinton

**5. Parent helpers required, please detail below if you are able to accompany the class.**

6. Telephone Number    School Hours                      0131 271 4625

7. Cost to pupil    £5.50                                      **Packed lunch required - YES**

Note: If you wish to consult further on this please contact the School office

Signed                      *Mrs K Hinton*                      P7 Class Teacher                      Date 6.6.17

\* Unscheduled delays may occur on excursions. Should this happen, the member of staff in charge will notify the school as soon as possible.

**PLEASE RETURN SECTION B TO THE CLASS TEACHER BY 16.6.17**

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**SECTION B – To be completed by parent or guardian and returned**

Excursion To                                      Sky Studios    Date of Excursion                      20.6.17

Child's Name .....Class .....P7.....Date of Birth .....

Address ..... Telephone Number .....

I am able to help accompany the class on the trip.....name of parent/carer

Please detail any medical factors which might affect participation .....

Details of any drugs or medicines taken regularly by your child (*indicate type and frequency of use*) .....

Telephone number or address at which emergency contact can be made when the party is away (if different from above).....

I agree to my child taking part in the above excursion, and undertake to inform the Head of Establishment of any changes of circumstances that might affect participation. I agree to my child receiving emergency medical treatment, including blood transfusion/anaesthetic as considered necessary by the medical authorities present. I understand that there is no personal accident insurance.

I enclose   £5.50   in payment for the excursion.

Signed by Parent or Guardian ..... Date .....