Sept 2022

Educational visits and journeys

In general, a school off-site visit will fall into one of five categories:

A. Regular curriculum - based activities, largely within school hours - trips to swimming pools, playing fields, walks to the library, beach school etc.

B. Activities extending beyond normal school hours (but not involving overnight stays) – theatre, museums or concert visits.

C. Activities/visits which last longer than 24 hours - which involve accommodation away from home.

D. Journeys outside mainland Britain – which include travel by air or sea. At Rockcliffe First School, we have decided not to arrange such visits for our pupils.

E. Adventurous Activities - day or residential (which include rock climbing, abseiling, orienteering, mountaineering, gorge or coastal scrambling, kayaking or canoeing, sailing, wind surfing, water skiing, boating, diving, caving, potholing, skiing, open water, surfing, swimming, shooting, archery and all activities in wild country).

At Rockcliffe First School most of our visits fall under category A or B. **Please find attached a permission form to complete and return to school as soon as possible.** This will be valid for all visits under categories A and B during academic year 22/23. It is important that you keep us updated of any changes to the information provided, medical details, telephone numbers etc.

Although we may take the children off site to explore the local area we will of course send separate letters to inform you of any occasion when we plan for the children to be away from school for any period of time.

If you have any questions or would like to discuss this in more detail please contact me at sharron.colpitts-elliott@rockcliffeschool.org.uk.

Rockcliffe First School

PARENTAL CONSENT FOR SCHOOL VISIT – Form 4

1. **I agree to**_____(name) _____(date of birth) in class___

- taking part in category A & B educational visits during 22/23 academic year,
- participating in the activities described,
- and I have explained the need for him/her to behave responsibly.

2. **Medical information about your child**

Doctor's Name: Address: Tel No:	
If there are any **conditions** requiring medical treatment please give brief details	
Please give details of any **medication** including the type of pain / flu relief medication your child may be given if necessary	
If your child has any special **dietary** requirements please give details	

3. **Declaration**

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

EMERGENCY CONTACT DETAILS:

CONTACT 1 – NAME (parent)_____

Tel nos_____

Address_____

CONTACT 2 – NAME (…….)_____

Tel nos_____

Address_____

SIGNED_____(*parent)* Please print_____ Date_____

SIGNED_____(*parent)* Please print_____ _Date_____

Both parent/carers to sign if living in the same household.

(Where parent/carers with custody rights live apart we will seek separate consent)