

DECHMONT



Infant School

Dechmont Infant School
69 Main St
Dechmont
West Lothian
EH52 6LJ

Tel: 01506 811264 Fax: 01506 811839
Email: wlddechmont-ps@westlothian.org.uk

Head Teacher: Mr. Ian Harvey,
BSc(Hons), PGCE (Primary), PG Dip (SQH)

Dear Parent/Carer,

Currently Primary 1-3 are learning all about the world of work they have been looking at lots of different jobs and what that might look like. As part of this the children will be visiting Howden Park Centre for an Art Exhibition to ultimately see what an art gallery looks like, learn all about the job of an Artist and have the chance meet and chat with some of the Artists themselves.

The children will be going on Thursday the 2nd of May and leaving 9am sharp to be there for 9:15am. Children will have their morning snack there and return to school around 11:30am in time for lunch.

Please find attached an EE2 form which must be completed and back to school by Monday the 30th of April latest.

Kindest Regards

Miss Kerr.

FORM EE2 – PARENTAL/CARER AGREEMENT TO SCHOOL EXCURSION

SECTION A – To be retained by Parent/Carer

1. Dates and estimated times of: Thursday 2nd of May
 - a) Departure: 9am b) Return: 11:30am
2. Destination/Description of Excursion – Art Exhibition at Howden Park Centre
3. Cost of Excursion - N/A
4. Member of Staff responsible for Excursion – Mr Harvey/Miss Kerr.
5. Tel No - School Hours - 01506 811264 Other – 07464435392



SECTION B – To be returned to school by Friday 27th of April. Please fill in both sides of this sheet.

Excursion to-
Date-

Surname _____ Forename _____ Class _____

Address.....

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Contact Telephone Number – School Hours

Other Times

Emergency Contact

Relevant Medical Details (e.g. asthma)

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I agree to my son/daughter taking part in the above named excursion

Signature of Parent/Carer..... Date.....

NOTE : Section C is to be completed *only* for excursions that involve either an **overnight stay or **outdoor education****

SECTION D MUST BE COMPLETED FOR ALL EXCURSIONS

SECTION C

Please circle as applicable

- 1. Does your child suffer from any allergies? YES NO
- 2. Is your child taking any medication at present? YES NO
- 3. Does your child suffer from any condition that may affect participation? YES NO
- 4. Has your child been in contact with any contagious or infectious disease or suffered from anything in the past four weeks that may become Infectious or contagious? YES NO
- 5. When did your last have a tetanus injection? Date _____
- 6. Does your child have any special dietary requirements? YES NO
- 7. Is there any activity in which your child must not participate? YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE PLEASE GIVE DETAILS HERE:

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SECTION D PARENTAL/CARER AGREEMENT TO RECEIVING EMERGENCY MEDICAL TREATMENT

Pupil Date of Birth _____

Name, telephone number and address of Family Doctor _____

***I agree to my child receiving emergency medical treatment, including blood transfusion, and anaesthetic as considered necessary by the medical authorities present.**

***I agree to my child receiving medical treatment/anaesthetic as considered necessary by the medical authorities present with the exception of the administration of blood or blood products. I accept full legal responsibility for this decision and release West Lothian Council and its staff from any liability for any consequences resulting from my decision not to consent to the transfusion of blood or blood products.**

*(*please delete as appropriate)*

Date _____ Signed by Parent/Carer _____

Head of Establishment- Mr Ian Harvey Date- 23/04/17