



Dear Parent's and Carers,

We are delighted to inform you that we have been able to secure a whole school end of year trip including nursery to the Little World of Play - A big world created for little imaginations. Little world of play is a miniature version of a town with all the usual shops and businesses; such as a supermarket, a fire station, a beauty salon, a hospital, a restaurant, a police station and they can drive around in toy cars, complete work on the construction site or they may even want to become the star of the stage in the theatre - all in the perfect mini size to inspire the imaginations of little people.

This trip will take place on **Wednesday the 13<sup>th</sup> of June** we aim to leave the school by 9:05am at the latest so please be sharp on this day. We hope to return to school by approximately 3pm. Parents/carers will be kept updated through groupcall text messages on the day.

**For nursery this means it will be a full day session and they will be with us for the duration of the trip until 3pm.**

The cost of the trip will be fully funded by the Parent Staff Association through pervious fundraising activities so we would like to thank them for the opportunity to be able to do this.

Included in this cost lunch will be provided for all children which is a sandwich, fruit, yogurt, cookies & juice. However, a child can bring their own packed lunch from home if they do so wish. Please provide your child with a small morning snack for when we arrive. Little world of play have been very accommodating and flexible in meeting our needs, they are closing off the centre to the public so we will have the place to ourselves!

#### Itinerary:

**9:05am** — Leaving Dechmont Infant School

**9:45am** — Arrive and have a snack (please bring your own)

**10am-2pm** — 4 hour play session between the imaginative world and the soft play with lunch in-between

**2:10pm** — Return back to school/nursery for 3pm

It is important that an EE2 for each child is completed. Please fill in and complete the attached return to the school by Wednesday the 6<sup>th</sup> of June or alternatively contact the school office if you do not wish your child to take part in this outing. We hope it will be a great day and your child will have a fantastic time.



## FORM EE2 – PARENTAL/CARER AGREEMENT TO SCHOOL EXCURSION

### SECTION A – To be retained by Parent/Carer

1. Dates and estimated times of: Wednesday 13<sup>th</sup> of June 2018  
a) Departure: 9am b) Return: 3pm
2. Destination/Description of Excursion – Little World of Play, Cuddyhouse Road, Cowdenbeath, KY49PT
3. Cost of Excursion - N/A
4. Member of Staff responsible for Excursion – Miss Henderson, Miss Kerr, & Miss Wilson
5. Tel No - School Hours - 01506 811264 Other – 07464435392



### SECTION B –Please fill in both sides of this sheet. Please return to school/nursery by Wednesday 6<sup>th</sup> of June

Excursion to- Little World of Play

Date- Wednesday 13<sup>th</sup> of June 2018

Surname\_\_\_\_\_ Forename\_\_\_\_\_ Class\_\_\_\_\_

Address.....

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- Miss Henderson Date- 17/05/18

