



Dear Parent/Carer,

### **Excursion to Summerlee**

Our world of work topic is coming to an end and what better way to sum up everything we have been learning by comparing aspects of our modern daily life with that of people of the past.

We will be visiting Summerlee Museum of Scottish Industrial Life on **Tuesday 5<sup>th</sup> June 2018**. The museum is built on the site of the old Summerlee Ironworks and is bursting with social history, working machinery and interactive displays! We will head down the mine shaft and experience the dark, cramped and damp conditions in which miners used to work and take a stroll along miner's row to see how mining families lived, from the basic conditions of the 1840s to the comforts of the 1980s. Our action packed day will end with a play in the park and a ride on the Edwardian tram before returning to school for normal finishing time.

The trip will be a full day event and we will be leaving sharp from school at 9am. Children will require a packed lunch; this can be provided in advance through filling in the slip below, ordering on Ipay impact or additionally you can provide a home packed lunch. Please can you ensure your child is wearing sun cream and has a water bottle and a small snack.

Please also complete the attached EE2 form and the slip below and return to the school by **Friday 1<sup>st</sup> of June**.

Many Thanks

Miss Kerr

Child's Name \_\_\_\_\_

|                    |     |        |      |
|--------------------|-----|--------|------|
| Own Pack Lunch     |     |        |      |
| School Pack Lunch  |     |        |      |
| Sandwich<br>Choice | Ham | Cheese | Tuna |
|                    |     |        |      |



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

SECTION A – To be retained by Parent/Carer

1. Dates and estimated times of: Tuesday 5<sup>th</sup> of June 2018
  - a) Departure: 9am b) Return: 3pm
2. Destination/Description of Excursion – Summerlee Museum of Scottish Industrial Life
3. Cost of Excursion - N/A
4. Member of Staff responsible for Excursion – Miss Henderson, Miss Kerr, & Mrs Meikle
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 Friday 1<sup>st</sup> of June**

**Excursion to-** Summerlee Museum of Scottish Industrial Life

**Date-** Tuesday 5<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- 28/05/18