

EYTON SCHOOL
(Church in Wales Voluntary
Controlled)
Bangor Road
Eyton
Wrexham
LL13 0YD
Tel 01978 823392



YSGOL EYTON
(Ysgol Reoledig Wirfoddol yr
Eglwys yng Nghymru)
Bangor Road
Eyton
Wrexham
LL13 0YD
Ffon 01978 823392

Chair of Governors: Mrs J Evans
Headteacher: Mrs L Whitgreave BEd (Hons), Cert Ed SpLD, NPQH

PARENT/CARER CONSENT - ROUTINE VISITS

Dear Parent/Carer,

The school organises a number of routine visits and journeys away from the school site as part of the student's learning experience. Such visits take place within normal school hours and tend to be local to the school area. Visits during the school day are an extension to classroom activities and present no significant risk to the health and safety of the students. All visits away from the school site will be approved by myself prior to them leaving the school site and your permission via a **signature will always be required.**

The purpose of this consent form is to enable parents/carers of students at the school to give their permission for a routine visit **once for the duration of their time at school** without the need to complete an additional form each and every time. Examples of such visits include sporting fixtures, cultural visits, and visits into local towns and or school based walks. These visits will normally take place at the following, or similar, locations: Wrexham, Llangollen, Denbighshire, Conwy, Cheshire and other North Wales locations.

I understand that by signing this form:

- Routine visits will normally take place within the school's working hours. Occasionally, they may extend beyond this time, in which case I will be given adequate notice to allow me to make appropriate arrangements for my child's return home;
- My specific permission will be sought for any non-routine visits beyond those listed.
- All reasonable care will be taken of my child during the visit;
- My child will be under an obligation to obey all directions given and to observe all rules and regulations governing the visit and will be subject to all normal school discipline procedures during the visit;
- I must inform the school of any change to my child's medical, physical or psychological condition that may affect my child during a routine educational visit for the duration of their time at Ysgol Eyton;
- My child is covered by the County Council's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attribute to negligence by the Council or one of its employees. I understand that this insurance policy does not include personal accident or personal belongings cover, for my child and I may wish to arrange this privately;
- I agree to inform the school of any changes to my details, or my child's home/contact details in order for the school to reach me in case of emergency.

I would therefore be grateful if you could complete and sign the enclosed 'routine visits' form and return to the school as soon as possible.

Yours faithfully,

Mrs L Whitgreave
Headteacher

ROUTINE VISITS

Your Child's Name: _____

Your Child's Date of Birth: _____

Your Contact Details:

Telephone Home: _____ Telephone Work: _____

Mobile: _____ Email: _____

Address: _____

Alternative Emergency Contact:

Name: _____ Telephone: _____

Address: _____

Medical Information:

Details of any medical, physical or psychological condition that may affect your child during a routine educational visit:

Details of any medication that your child should take during a visit:

Does your child self-administer the above medication? YES / NO

It is the parent's responsibility to ensure that medication which should be carried by your child is taken with them on any visit. In some circumstances failure to carry the appropriate medication may result in your child not being able to go on the trip. This is entirely for your child's safety.

Dietary Requirements:

Does your child have any special dietary requirements? YES / NO

Do you have any other information that might be important for us to know about?

Family Doctor:

Name: _____ Telephone: _____

Address: _____

Full Name of Parent/Carer: (please print) _____

Signed: _____ Date: _____