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|  | ***Holy Name Catholic Primary School******Vergam Terrace******Fishguard******Pembrokeshire******SA65 9DF******Tel/Fax: 01348 872506*** |

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**Educational Visit Form – Parental Information**

This part to be kept by parent/guardian.

Details of Educational Visit:

Visit to: **St Francis School, Milford Haven**

On (date): **Wednesday, March 21st, 2018**

Start time: **08:20 am**  Finish time: **2.00 pm approx**

Purpose of visit/proposed activities:

**Presenting DCF / Welsh Project**

Means of Transport: **Richards Bros**

Group Leader: Accompanying Staff:

**Mrs N Thomas Miss C Richards**

Voluntary contribution:

Additional information:

**Children will need a packed lunch and drink.**

**No electronic devices, including mobile phones**

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|  | ***Holy Name Catholic Primary School*** |

**Educational Visit Consent Form**

Please complete and return to the Group Leader on or before **16/03/18**

I have noted the details of the proposed educational visit to **St Francis School.**

I agree to …………………………… (Name) taking part in this visit and the activities described. I acknowledge the need for my child to behave responsibly.

I enclose a contribution of £……………………….

Parent/Guardian Name ………………………….. Signed ………………………..

 Date …………………………..

**Medical Information about your child**

Please list below any medical conditions the group leader should be aware of e.g., asthma, allergies, travel sickness, toileting, etc.

…………………………………………………………………………………………………..

…………………………………………………………………………………………………

Please indicate details of any medication your child is receiving at the moment or will need to take on the visit.

…………………………………………………………………………………………………

…………………………………………………………………………………………………

I agree to my child receiving medication as instructed and any emergency treatment required as considered necessary by the medical authorities.

Parent/Guardian Name ………………………….. Signed ………………………..

 Date …………………………..

Contact Telephone numbers:

Work: …………………………………… Home …………………………………

Home Address: …………………………………………………………………………………..

Alternative Emergency Contact:

Name: …………………………………… Telephone no. …………………………

Address: ……………………………………………………………………………………………

Name of Family Doctor: ……………………….. Telephone no. …………………