



## Birches Primary School

### School Trip Information Letter

Dear Parent,

Below are details of a forthcoming school trip. Please read the information carefully and then complete and return the attached consent form to your child's class teacher as soon as possible. If you have any queries about this trip your first point of contact should be the teacher named as responsible for this visit. Your co-operation in this matter is appreciated.

Yours sincerely,

P V Watson

Principal

Class Out of School Visit	
<b>Destination / Purpose of Visit</b>  Swimming lessons at <b>Cascades Leisure Centre</b> will start on <u>Tuesday 26 February</u> and the last session will be on <u>Tuesday 9 April</u> . There will be 7 swimming lessons lasting 30 minutes each.  It is important that the children behave appropriately when at the pool.  Any child who misbehaves will have to be excluded from attending lessons.  If this should occur the parent will be informed.  I hope to have your support in this.	
<b>Class involved:</b> P4	<b>Date:</b> Tuesday 26 February to Tuesday 9 April
<b>Time of departure from school:</b> 10.00am	<b>Time of return:</b> In time for the school dinner
<b>Teacher responsible for visit:</b> Mrs Dunlop	<b>Accompanying adult(s) if known at this time</b> Mrs Allen
<b>Additional Information:</b> <ul style="list-style-type: none"><li>The children need to bring their swimming costume (no bikinis), a towel.</li></ul>	
<b>Contribution towards entry fees, transport etc...</b> £1.75 each week	<b>School contact number:</b>  <b>028 38851443</b>



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### School Trip CONSENT FORM

I consent to my son / daughter \_\_\_\_\_ (Name in Full)  
taking part in the educational visit to be held on \_\_\_\_\_  
I confirm that he/she is medically fit to participate.

#### Please give details of:

1. Any current medical condition/ any medication being taken

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2. Any other relevant information which may affect his/her participation in the visit  
(including allergy or dietary requirements)

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#### 3. Emergency Contact Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

In the event of an accident I agree to my son/daughter receiving emergency medical treatment, as considered necessary, by the medical authorities present.

I give my permission for my son/daughter to attend the trip as outlined on the information page.

Signed \_\_\_\_\_ (Parent / Guardian)

Date \_\_\_\_\_

The information on this form is requested for the purpose of organising an educational visit. The information is covered by the provisions of the Data Protection Act, 1998. Your signature to the form is deemed to be an authorisation by you to allow the school or youth centre/project to process and retain the information for the purposes stated.