

Educational Services

Head Teacher: Oonagh Browne

Queen Margaret Academy
Dalmellington Road, AYR KA7 3TL
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Email: QMA.Mail@south-ayrshire.gov.uk
Our Ref: CO/JP Your Ref:
Date: 10 March 2025



Dear Parent/Carer

S1 and S4 Blackpool Pleasure Beach - Monday 16th June 2025

As part of our policy to celebrate success and reward good behaviour in Queen Margaret Academy, the school is organising a trip for our pupils to Blackpool Pleasure Beach. The trip will take place on Monday 16th June 2025 and we are expecting to leave school at around **6.00am** and return at approximately **11.00pm**.

The cost of the trip will be **£60.00** and this includes transport and entry to the Pleasure Beach. Pupils should bring money to buy food from motorway/ lunch in the park or bring a packed lunch with them. The Pleasure Beach is now a cashless amusement park but if pupils do not have a debit card then they are able to place money onto a park card when they arrive but they will not be able to get any remaining money off of the card when they leave. This could be used on a return visit.

Please note that payment for this trip will be using the new online school payments method, **ParentPay**. The name of the account on ParentPay will be **S1 and S4 Blackpool 16 June 2025**, please do not make a payment into any other account for this trip. If your child receives a place on the trip you will have the option to pay in **three instalments of £20** (due on 28th March, 25th April and 30th May). You will be notified by text if your child has secured a place.

From our experience this trip is extremely popular. Therefore, places will be allocated through a ballot if numbers exceed capacity. If you wish for your child to attend this trip please ask them to return the attached consent form to the office by 19th March.

Yours faithfully

Connor Oates
Teacher of Physical Education
Acting Principal Teacher of Guidance (Galilee)

PLEASE RETURN TO SCHOOL OFFICE BY 19TH MARCH

Appendix PC2

SPECIFIC VISIT PARENTAL/CARER CONSENT FORM

How your personal information will be used:

It is up to us to keep your information safe. We will only collect the minimum amount of personal information to allow your child to participate safely in this educational off-site visit. We will only share this information to ensure your child's health, well-being and safety.

Name of establishment	QUEEN MARGARET ACADEMY	REG	
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Participant name		Date of birth	
Home address			
Home telephone number			

Details of visit	<u>S1 and S4</u> Blackpool Pleasure Beach		
From (date/time)	16 June 2025 6.00am departure from QMA	To (date/time)	16 June 2025 10.30pm return to QMA

I agree to the above named taking part in the visit / activity and, having read the letter, I agree to their participation in the visit/activity described.	Yes		No	
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Medical information

Does your child suffer from any conditions requiring medical treatment, including medication? If yes, please give details below.	Yes		No	

Is your child allergic to any medication? If yes, please specify below.	Yes		No	

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that might become contagious or infectious. If yes, please give details below.	Yes		No	
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Has your child received a tetanus injection in the last five years?	Yes		No	
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Please complete both sides of form

Please outline any special dietary requirements or food allergies

Having received specific information relating to this visit is there any further information you wish to make the visit leader aware of e.g. recent injury or illness which may impact on your son/daughter's ability to participate in any aspect of this visit

Emergency contact details

Name			
Home telephone number	Mobile telephone number	Work telephone number	
Home Address			

If not available at the above, please contact

Name			
Home telephone number	Mobile telephone number	Work telephone number	
Home address			

Medical practice			
Name		Telephone number	
Address			

Declaration

I agree to my son/daughter receiving emergency treatment, including anesthetic or blood transfusion as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. You are able to view the insurance policy by accessing https://www.south-ayrshire.gov.uk/schools/	Yes		No	
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Payment Method Total Cost: £60 (£20 due 28th March) (£20 due 25th April) (£20 due 30th May)	I/We agree to pay a total cost of £60 through ParentPay, to the <u>S1 and S4 Blackpool 16 June 2025</u> account	
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Parent/Carer Name		Date	
Parent/Carer Signature			