

## Educational Services

Head Teacher: Oonagh Browne

Queen Margaret Academy  
Dalmellington Road, AYR KA7 3TL  
Tel: (01292) 612020  
Email: QMA.Mail@south-ayrshire.gov.uk  
Our Ref: CO/JP Your Ref:  
Date: 10 March 2025



Dear Parent/Carer

### **S2 and S3 Blackpool Pleasure Beach – Tuesday 24<sup>th</sup> 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 Tuesday 24<sup>th</sup> 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 **S2 and S3 Blackpool 24 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 28<sup>th</sup> March, 25<sup>th</sup> April and 30<sup>th</sup> 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 19<sup>th</sup> March.

Yours faithfully

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

PLEASE RETURN TO SCHOOL OFFICE BY 19<sup>TH</sup> 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>S2 and S3 Blackpool Pleasure Beach</u>		
From (date/time)	24 June 2025 6.00am departure from QMA	To (date/time)	24 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
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Is your child allergic to any medication? If yes, please specify below.	Yes	No
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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 <a href="https://www.south-ayrshire.gov.uk/schools/">https://www.south-ayrshire.gov.uk/schools/</a>	Yes	No
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Payment Method Total Cost: £60 (£20 due 28 <sup>th</sup> March) (£20 due 25 <sup>th</sup> April) (£20 due 30 <sup>th</sup> May)	I/We agree to pay a total cost of £60 through ParentPay, to the <u>S2 and S3 Blackpool 24th June 2025</u> account	
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Parent/Carer Name	Date
Parent/Carer Signature	