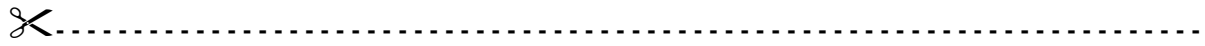


FORM EE2 – PARENTAL/CARER AGREEMENT TO SCHOOL EXCURSION

SECTION A – To be retained by Parent/Carer

- 1. **The Craigs Scout Campsite, Torphichen**
 - a. **Departure 29th February 2016** b) **Return 29th June 2016**
- 2. **Destination/Description of Excursion: outdoor learning based upon individual class topics**
- 3. **Member of Staff responsible for Excursion Miss Ramos / Mr Turnbull/ Mrs Telfer/Miss McGeachy/Mrs Smith/ Mrs Brodie (each class teacher responsible for their own class when they take class on a visit)**
- 4. **Tel No - School Hours - 01506 652246**



SECTION B – To be returned to school

Excursion to The Craigs Scout Campsite Date 29th Feb – 29th June 2016

Surname..... Forename..... Class.....

Address.....
.....

Contact Telephone Number – School Hours

Other Times

Emergency Contact

Relevant Medical Details (e.g. asthma)

.....
.....

I agree to my son/daughter taking part in the above named excursion

Signature of Parent/Carer..... Date.....

NOTE : Section C is to be completed **only** for excursions that involve either an **overnight stay** or **outdoor education**

SECTION D MUST BE COMPLETED FOR ALL EXCURSIONS

SECTION C

Please circle as applicable

- 1. Does your child suffer from any allergies? YES NO
- 2. Is your child taking any medication at present? YES NO
- 3. Does your child suffer from any condition that may affect participation? YES NO
- 4. Has your child been in contact with any contagious or infectious disease or suffered from anything in the past four weeks that may become Infectious or contagious? YES NO
- 5. When did your last have a tetanus injection? Date.....
- 6. Does your child have any special dietary requirements? YES NO
- 7. Is there any activity in which your child must not participate? YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE PLEASE GIVE DETAILS HERE:

.....
.....

SECTION D PARENTAL/CARER AGREEMENT TO RECEIVING EMERGENCY MEDICAL TREATMENT

Pupil Date of Birth.....

Name, telephone number and address of Family Doctor

.....

***I agree to my child receiving emergency medical treatment, including blood transfusion, and anaesthetic as considered necessary by the medical authorities present.**

***I agree to my child receiving medical treatment/anaesthetic as considered necessary by the medical authorities present with the exception of the administration of blood or blood products. I accept full legal responsibility for this decision and release West Lothian Council and its staff from any liability for any consequences resulting from my decision not to consent to the transfusion of blood or blood products.**

*(*please delete as appropriate)*

Date..... Signed by Parent/Carer

