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# Swanland Primary School

## Educational Visits Safety Guidelines – Communicating with Parents

**Please return this form by: Thursday 20<sup>th</sup> June 2024**

### 1. DETAILS OF JOURNEY

Journey/visit to: Cober Hill, Scarborough

From: Tuesday 2<sup>nd</sup> July 2024

To: Friday 5<sup>th</sup> July 2024

I agree to my son/daughter ..... (name) ...../...../..... (DOB) taking part in the above-mentioned visit and days out. I understand and acknowledge the need for my son/daughter to uphold the Swanland School Charter (see last page) throughout the visit and that failure to do so may result in my son/daughter being withdrawn from some of the activities.

Parent/Carer's signature .....

I ..... (name of pupil) understand and acknowledge that I will be expected to uphold the Swanland School Charter throughout the visit and that failure to do so may result in me being withdrawn from some of the activities.

Pupil's signature .....

### 2. CONTACT DETAILS

Contact (a):

I may be contacted by telephone on the following numbers:

- 1. .... (home)
- 2. .... (work)
- 3. .... (mobile)

Contact (b) – Alternative Contact:

I may be contacted by telephone on the following numbers:

- 1. .... (home)
- 2. .... (work)
- 3. .... (mobile)

Contact (a) My home address is:

Contact (b) My home address is:

.....  
.....  
.....

.....  
.....  
.....

(c) Name, telephone number and address of family doctor:

Name: .....

Address: .....

Tel No: .....

.....

.....

**3. MEDICAL INFORMATION (\*please delete as appropriate)**

(a) Does your son/daughter suffer from any conditions which may or may not require medical treatment, including medication? **YES/NO\***

If **YES**, please give brief details and complete the personal medication section (Section 6) at the end of this form:

.....  
.....

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last three months that may be or may become contagious or infectious? **YES/NO\***

If **YES**, please give brief details:

.....  
.....

(c) Does your son/daughter have any allergies – for example to medication or specific foods? **YES/NO\***

If **YES**, please specify:

.....  
.....

(d) Has your son/daughter received a tetanus injection in the last five years? **YES/NO\***

(e) Please outline any special dietary requirements of your son/daughter eg vegetarian, no pork, gluten free, Halal etc:

.....  
.....  
.....  
.....

**4. PAIN RELIEF**

Could you please indicate by ticking the boxes and signing below whether you would like the staff to administer medication to your child in the event of it being necessary.

Paracetamol

Antihistamine

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

**5. DECLARATION**

I undertake to inform the visit organiser as soon as possible of any change in the medical circumstances between the date signed and commencement of the journey.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

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

**6. PERSONAL MEDICATION**

We would be most grateful if you could provide any medication your child normally takes, clearly labelled and in a polythene bag, prior to the visit.

Name of Medication	Dosage	Time and Frequency or circumstance to be given	Method of Administration

I give my consent for a member of staff to administer the above medication.

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

# Charter

We believe our school should be a place where:

1. Everyone is kind and respects each other;
2. Everyone is able to share and learn in class without anyone putting them down;
3. Everyone should be sensible and behave safely in school and on the playground;
4. We all treat each other nicely and respect their property no matter who they are or how old they are;
5. Everyone uses good manners at all times in every situation;
6. We are always caring if anyone is in trouble or in need;
7. We all show care to each other and everyone's possessions;
8. Everyone shows respect by keeping the school and its equipment in good condition;
9. We all love being a part of Swanland School and we are proud to show it;
10. We all respect and are loyal to Swanland School.



Agreed by the School Council  
March 2016