FORM EE2 – Parent/Carer Agreement to School Excursion

Information on excursion for Parent/Carer – please cut off and retain

Destination:_____National Records of Scotland, Edinburgh_____

Date and Time:_____Tuesday 10th March 2020 (9.00am – 1.30pm)_____

Information: School uniform, packed lunch and snack required.

Member of staff responsible:___Ms Bird_____Class(es) P5

Cost:_____(please pay through iPAY)

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Complete and return this section to school :

Class:___P5_____Cost:_____Excursion:_____National Records of Scotland, Edinburgh

Name:_____Date of birth:_____

Address:_____

☎School hours:_____☎School hours:_____

Emergency contact name:_____☎_____

I agree to my child taking part in the above excursion:

Signature_____Date_____

Does your child suffer from any allergies?	
Is your child taking medication?	
Does your child suffer from any condition that may affect participation?	
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 of contagious?	
When did your child last have a tetanus injection?	
Does your child have any special dietary requirements?	
Is there any activity your child must not participate in?	
If you answered yes to any of the questions above please give details here:	

Name, telephone number and address of Family Doctor _____

_____

Parental/Carer agreement to receiving emergency medical treatment. Please read the two statements below, tick one option and cross out the other

☐ 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 emergency 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 and blood products.

Date _____ Signed by parent/carer_____