

**WAUN WEN PRIMARY SCHOOL**  
**EDUCATIONAL ACTIVITY/VISIT PROGRAMME**



VENUE: ..... DATE: .....

LEAVE SCHOOL: ..... ARRIVE BACK AT SCHOOL.....

VISIT LEADER: .....

SUPERVISORS: .....

ACTIVITIES: .....

**TRIP REQUIREMENTS:**

- 1. Packed lunch .....
- 2. Suitable outdoor clothing .....
- 3. Travel sickness precautions .....
- 4. Personal items at own risk (e.g. camera) .....
- 5. Spending money .....
- (sensible amount at own risk)

**COST OF VISIT:**

- 1. Transport .....
- 2. Venue .....
- 3. Other .....
- Total .....
- School will pay .....

**Pupils will pay ..... each**

**SCHOOL TRIPS**

Government legislation states that for any school activity/visit that takes place in school hours there should be no obligation for parents to contribute to the cost. However, it also states that if the activity/visit cannot be funded without parental contributions and parents did not support the proposed activity/visit then it should be made clear that it would not then take place. These conditions therefore apply to the above educational activity/visit.

**WAUN WEN PRIMARY SCHOOL**

**EDUCATIONAL ACTIVITY/VISIT PARENTAL CONSENT**

I give consent that my child ..... can take part in the educational activities / visits outlined opposite.

I give consent to any medical, dental or surgical treatment, including the administration of an anaesthetic, which may be necessary for my child.

**IF YOUR CHILD REQUIRES REGULAR MEDICAL TREATMENT FOR ANY ILLNESS OR DISABILITY PLEASE GIVE FULL DETAILS BELOW.**

**IF YOUR CHILD HAS SCHOOL MEALS AND YOU WANT THE SCHOOL TO PROVIDE A PACKED LUNCH PLEASE TICK THE BOX**

Signed: ..... (Parent/Guardian) Date: .....

Address: .....

Telephone numbers: ..... (Home) ..... (Mobile)  
..... (Work)

Alternative contact persons:

Name: ..... Relationship to child.....

Address.....

Telephone numbers: ..... (Home)..... (Work)

Name: ..... Relationship to child .....

Address: .....

Telephone numbers: ..... (Home)..... (Work)