St Benet's R.C. Primary School
St Benet's Way
Ouston
Chester le Street
Co Durham
DH2 1QX
Tel No. 0191 4105857
Date 9th January 2018

Dear Parent,
Miss Harper and Mrs McNally would like to take the children from Y4 to Gibside Stables Learning and Discovery Centre for an overnight stay.

Visit Date	Thursday 22nd and Friday 23rd Feb 2018
Visit	Gibside Discovery Centre
Leaving School	Thur 22nd approx. 9.30am returning Fri 23rd approx. 3.30pm.
Travel	Coach
Need to Wear	Warm clothing
Lunch arrangements	Meals at Centre
Return Form	Monday 5th February 2018

The Cost for overnight stay at the centre is £54.00 per child
Total Cost for bus is £345

Total Cost £ 66.00
Payment can be made through ParentPay

A meeting with Miss Harper and Mrs McNally will take place on Monday 5th February at 3.30pm in Caroline's Library.

* By law we are only allowed to request voluntary contributions towards school visits. However it would not be possible for us to fund visits from the school budget therefore if parents are unwilling to contribute planned visits may not be able to go ahead.

ST BENET'S R.C. PRIMARY SCHOOL

EDUCATIONAL VISITS

Form of Consent and Indemnity

Gibside Stables Learning and Discovery Centre

Name of child ……
Gibside Stables Learning & Discovery Centre 2018

I hereby consent to the attendance of my son (s) , and/or daughter (s) on the above school visit when the person (s) in charge of the party of school children will be an employee or approved agent of the Governing Body of St Benet's R.C. Primary School.

I further consent to the giving of such medical or surgical treatment to my son (s) and/or daughter (s) as may prove necessary during the school visit.

In consideration of the person in charge of the school visit agreeing to the inclusion of my son (s), daughter (s) as a member of the school visit I hereby undertake to indemnify him/her and any other member of the school visit against any costs and expenses reasonably incurred by any of them on behalf of my son (s), daughter (s) during the school visit.

Provided that such indemnity shall not extend to any claims, damages, costs or expenses against the risk of which the person in charge of the school visit shall be entitled to be indemnified under any policy of insurance.

Dated _____Signed _____
parent or guardian

Address _____

_____

Telephone number (To ring if it necessary to contact parents)