

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

Date 8th February 2018

Dear Parent,

Mrs Rowley would like to take the children from Year 6 to the Safety Carousel at Newton Aycliffe

Visit Date	<i>Monday 5th March 2018</i>
Visit	Aycliffe Business Park
Leaving School	approx 9.15am – 2.00pm
Travel	Coach
Need to Wear	Uniform
Lunch arrangements	Packed Lunch (no glass bottles please)
Return Form	Monday 26th February 2018

Cost £ 3.00 through ParentPay

Would any child with Asthma please bring inhaler

On occasions press coverage for the Carousels might take place if you do not wish your child to take part in press coverage please state on return slip. Thank you

* 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

Name of child
Visit to Safety Carousel at Newton Aycliffe

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)

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