

# School Council Trip: The Palace of Westminster

Dear parents,

Mrs Parmar and I are delighted to be able to give you the details of our forthcoming school trip which the councillors have been eagerly anticipating.

## Place & Activities

As you know on **Saturday 24<sup>th</sup> June 2017** we will be going to London to take a tour around the Palace of Westminster. The tour is scheduled to include a visit to the Commons Chamber, the Royal Gallery & Westminster Hall. We hope the weather will be kind to us so we can eat our lunch in the nearby Victoria Tower Gardens.

## Travel

Travel to and from London will be with Landmark Coaches. School has used this company on many previous occasions and they will be providing us with a mini bus that has individual lap seat belts which the children will be using.

We are asking the children to gather outside the front entrance of school at **9.00am**. The minibus will depart at **9.15am**.

We aim to be back at school in the late afternoon by **5.30pm** – this timing will be dependent on traffic. We will contact you by text/telephone call during our return journey to give you the exact time of arrival.

## Supervision & safety

We are more mindful than ever about safety and security. Four members of our present staff including Mrs Dury and Mr McKechnie will be accompanying the group on this trip which exceeds the recommended child to adult safety ratio. All our staff supervisors are fully aware of current safety protocols and our risk assessments take into account the most up to date advice on school trips. Please feel free to contact Mrs Dury or myself should you wish to discuss our plans in more detail.

On entering the Palace of Westminster we will all pass through airport style scanners. The occasional physical 'pat down' check may be necessary as we go in along with baggage checks. If any of our children require a check of this nature, the teaching staff will supervise this process as chaperones. It would be useful if you could talk to your children about these types of checks just so they are aware that they may happen.

## Refreshments

Everyone will need to bring a packed lunch & drink with them for our midday meal. It would be helpful to have the meal in a recyclable bag/container so that we can dispose of them before entering the Palace. Security screening will be made easier without bags.

## School uniform

Due to practical reasons we kindly ask that the children wear their school uniform for this special trip even though it is at the weekend.

## Contribution & value

Thanks to the children's hard work with fundraising and a generous donation we are pleased to say that there is no cost for the trip.

We are very proud of the contribution the school councillors have made to school life this year and hope that they enjoy this special trip as a reward for all their hard work. If you have any questions about the trip please come in and see me after school when I will hopefully be able to help you.

Please complete the accompanying information sheets and return to Mrs Grist/or Year One by Monday 19<sup>th</sup> June 2017.

Thank you,

Mr Horgan & Mrs Parmar.

✂.....

## **Parliament trip on Saturday 24<sup>th</sup> June 2017.**

**Please return permission slips to Mrs Grist by Monday 19<sup>th</sup> June 2017 so we are able to confirm our arrangements.**

I ..... (✍ parent/guardian's name) do / do not ✍ give permission for

..... (✍ child's name) to go on the supervised school council I trip to the Houses of Parliament.



**FORM OV 7A (CSF4258)**

**EVENT-SPECIFIC PARENTAL CONSENT FORM**

Ickleford school council trip to the Houses of Parliament in Westminster

**Establishment:** Ickleford School

**To be completed by visit leader/organiser**

Visit:	School Council trip to Palace of Westminster	
Visit Leader:	Mr B. Horgan	
Date of Visit:	From: 24/06/17 at 9.15am	To: 24/05/17 5.30pm
Is a photograph of participant required:	Yes / <b>No</b>	

**To be completed by person with parental responsibility for the child/young person.**

<b>Child's Full Name:</b>
<b>Date of Birth:</b>
Does the above child: <ul style="list-style-type: none"> <li>• Have a medical condition requiring medical treatment or medication? <span style="float: right;">Y/N</span></li> <li>• Have an allergy to certain medications? <span style="float: right;">Y/N</span></li> <li>• Is s/he able to administer her/his own medication? <span style="float: right;">Y/N</span></li> </ul>
Please give details of medical condition/treatments or allergies to medications below:
Does s/he have any special dietary requirements? <span style="float: right;">Y/N</span> If yes, give details:
I wish to draw the following to the visit leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):

**HOME AND EMERGENCY CONTACT INFORMATION**

(Must be contactable for the duration of the visit / activity)

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day	
	Evening:	
	Other:	

**FAMILY DOCTOR DETAILS**

Name:

Address:

Telephone Numbers:

Child / Young Person's NHS number (if known)

**Declaration by person with parental responsibility for the child/young person.**

- I have received and fully understood the details of the proposed visit/activity
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged
- I agree that (full name of child/young person) \_\_\_\_\_
  - can participate in the visit and activities described
  - can be transported in the private vehicles of staff/volunteers supervising the visit where necessary
  - is in good health and fit to participate in the activities described
  - can receive medical treatment as necessary
- I undertake to inform the group leader of any change in medical circumstances prior to the activity date

**Permission for use of images of participants (optional)**

I do / do not\* (*\*delete as applicable*) give my permission for photographs and/or videos to be taken of my child for use in educational or youth work promotional materials and displays when required, with or without using their name.

Signed:

Name in Capitals:

Relationship

Date:

**The information on this form should be retained by the establishment's emergency contact.**