

## APPLICATION FOR THE HEAD'S APPROVAL OF AN EDUCATIONAL VISIT

### A. Outline Approval

1. Brief description of activity:
2. Date(s) and times (if known):
3. Staff (if known):
4. Cost (if known):

Outline approval granted by Head \_\_\_\_\_

### B. Final Approval

1. Purpose of visit and specific educational objectives:
2. Places to be visited:
3. Dates and times:  
Departure: \_\_\_\_\_ Return: \_\_\_\_\_
4. Names of staff accompanying visit:
5. Number of pupils on visit (and year groups):
6. Travel arrangements:
7. I have given the office names of pupils/staff & dates \_\_\_\_\_ (Tick)
8. I have issued appropriate information to parents \_\_\_\_\_ (Tick)
9. I will collect all consent forms duly completed and signed \_\_\_\_\_ (Tick)
10. Risk assessment form attached \_\_\_\_\_ (Tick)

### (P.T.O. for residential visits)

The above is an accurate statement of the proposed visit.

\_\_\_\_\_ (Teacher's signature)

*I have studied this application and am satisfied with all aspects including the planning, organisation and staffing of this visit. Approval is given.*

\_\_\_\_\_ (Head) Date \_\_\_\_\_

**To be completed for residential visits only**

1. Organising company/agency (if any: include licence reference number if the body is registered with the Adventure Activities Licensing Authority):

Name:

Address:

Licence No. if registered:

Tel. No.:

2. Proposed cost and financial arrangements:
3. Insurance arrangements for all members of the proposed party, including voluntary helpers. Include the name of the insurance company.

4. Accommodation to be used:

Name:

Address:

Tel. No.:

5. Details of the programme of activities:

6. I have provided the office with names and **telephone numbers** of all pupils and staff on the visit. \_\_\_\_\_ (Tick)

*(Note: reference has to be made to all hazardous activities on the risk assessment form to be attached to this application.)*

**MILLTHORPE SCHOOL, YORK YO23 1WF**  
**PARENTAL CONSENT FORM**

Name of Pupil \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name & Contact Tel. No. of Parent/Guardian \_\_\_\_\_

Alternative Emergency Contact with Tel. No. \_\_\_\_\_

**1. Details of Visit**

Period of visit: \_\_\_\_\_

Journey to: \_\_\_\_\_

**2. Medical Information**

a) Does your child have any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

\_\_\_\_\_

\_\_\_\_\_

b) Is your child allergic to any medication? YES/NO  
If YES, please specify:

\_\_\_\_\_

c) Any other medical information that you think we should know about?

\_\_\_\_\_

d) Name of family doctor \_\_\_\_\_ Tel. No. \_\_\_\_\_

e) Special dietary requirements (residential visits only) \_\_\_\_\_

**3. Declaration**

- *I have read the information sheet giving details of the above visit and wish my child to be allowed to join the party for the visit and to take part in all activities.*
- *I consent to any emergency medical treatment necessary during the course of the visit.*
- *I consent to my child being returned to the care of a member of staff of Millthorpe School following any medical treatment.*
- *I will advise the Organiser of any change in medical or other circumstances between now and the commencement of the visit.*
- *I acknowledge the need for my child to behave responsibly.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

**School visit to:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

The following members of staff from Millthorpe School are accompanying this school visit:

Headteacher

## VISITS OUT OF SCHOOL

All visits must be approved in principle before pupils are informed/invited. Please complete this form and hand to the Senior Management Team **before** any arrangements are made.

Brief details of nature of trip :

Date of visit:

Number of pupils involved:

Duration of visit:

Year Group:

Staff involved:

Does this visit take place entirely within department teaching time? YES/NO

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If No complete the following:-

- 1) Details of cover required:
  - 2) Details of other lessons affected:
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If this visit is approved, please remember to look at the checklist and ensure that the appropriate action is taken.

### **Before the visit:**

- 1) Read the School Charging Policy in the Staff Handbook.
- 2) Plan carefully taking care to assess and beware of any risks to pupils and measures to minimise them.
- 3) Approval for visit received from Senior Management Team.
- 4) Letter to parents (copies to Senior Management Team).
- 5) Arrangements for subsidised places.
- 6) Insurance arrangements (when required).
- 7) All parental permission slips received.
- 8) Monies banked in an account opened with Bursar.
- 9) List of names to reception, staff notice board.
- 10) Kitchen informed.
- 11) Medical list - including travel sickness. Medical kit collected.
- 12) Arrangements for any pupils left in school.
- 13) Arrangements made for bus pupils if return is later than 3.30 p.m.

### **On return:**

- 1) Balance sheet completed and presented to Bursar.
- 2) Medical kit returned.

Approved: Yes/No    Signed:

Date:

