

## Routine visits - Parent/Carer consent



**School/establishment: St Bernadette's Catholic Primary School**

**Your child's name:** \_\_\_\_\_ **(parent/carers please complete)**

I hereby agree to my child participating in routine visits off the school/establishment site. These visits might include the following, **or similar, activities:**

Visits to St Philip Evans Church, Llanedeyrn library, Pentwyn Leisure Centre, Corpus Christi High School, local Primary Schools, Waitrose food store, St Clements Court and Ty Enfys, local medical centre, local buildings for presentations e.g. the Dome, local walks in the neighbourhood linked to the curriculum e.g. travel surveys

These visits will normally take place at the following, or similar, locations:

Pentwyn, Llanedeyrn and Pontprennau

### **I understand that:**

- such visits will normally take place within the school/establishment normal hours, but that if, occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my child's return home;
- my specific permission will be sought for any visits beyond those listed above or which could involve commitment to extended journeys, times or expense;
- all reasonable care will be taken of my child during the visit;
- my child will be under an obligation to obey all directions given and to observe all rules and regulations governing the visit and will be subject to all normal school/establishment discipline procedures during the visit;
- I must inform the school/establishment of any medical or behavioural condition or physical disabilities that may affect them during the visit;
- all young people are covered by the Local Authority's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school/establishment premises or equipment or attributable to negligence by the Council or one of its employees. Please note that this insurance policy does not include personal accident or personal belongings cover for your child.

**Full name of parent/carers:** \_\_\_\_\_

**Signature of parent/carers:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Tel:** \_\_\_\_\_