



Tuesday 12th May 2026.

Dear Parent/Caregiver,

Re. Edinburgh Residential with Aln Alliance June 2026

The purpose of this form is to inform you about the nature of the visit and provide you with more detailed information so you may give informed consent for your child to take part in the above *visit*.

- The purpose of the visit is for children to experience a capital city and its historic sites as part of an enrichment opportunity.
- Wider personal, social and cultural benefits include the opportunity to support transition to High School by fostering relationships with other Year 6 children in local schools.
- The trip will take place from 9am on Thursday 25th June until 16:30pm on Friday 26th June
- Clothing and equipment required will be comfortable walking shoes, comfortable clothing including layers for warmth and waterproof coat, nightwear, overnight toiletries, change of clothing.
- Costs and cancellation terms – no refunds.
- Activities involved include Edinburgh Castle, Dynamic Earth, guided tour of Real Mary King's Close, theatre trip and meal at Pizza Express with overnight stay in a hostel.
- The nature of supervision – one member of staff to supervise Whittingham children.
- Arrangements for providing for special needs and disabilities – any additional needs for individuals will be discussed with parents.
- All sites have been risk assessed – strobing effects in dynamic earth, uneven floors and low ceilings in Real Mary King's Close.
- **A pre-visit meeting will be held on Wednesday 20th May at 3.30.**
- Behavioural expectations and sanctions will be in line with school policy.
- Arrangements for sending children home early (in the event of e.g. sickness or misbehaviour) the parents will be contacted.
- Parents may contact leaders in the event of a home emergency via the school office who will contact visit lead.
- Insurance details – the school has Risk Protection Arrangements - https://assets.publishing.service.gov.uk/media/67d42ee8a4075fa7b9851db0/RPA_membership_rules_LAMS.pdf

We trust that the above explains matters sufficiently, however if there are any queries please do not hesitate to contact us by *speaking to Mr Charlton*. If you consent to your child participating in the proposed visit please confirm this by carefully reading and signing the consent statement below and return to school on or before Wednesday 20th May.

Kind Regards,

Neil Charlton – Year 5 and 6 teacher and Deputy Headteacher.

Participant Consent From
For Category 2/Adventurous & Residential Visits

Visit Details

Visit Name:	Edinburgh Residential	Dates:	From: 25 th June 2026	To: 26 th June 2026
Planned Activities:	<i>Edinburgh Castle, Real Mary King's Close, Dynamic Earth, Festival Theatre Visit, accommodation at Edinburgh Youth Hostel</i>			

Participant Details

Name of child:		Class/Group:	
Address:			
Sex: (as birth certificate)		Gender identity: (if differs to certificate)	

Details of parent (or person with parental responsibility) completing this form

Your name:		Your relationship to participant:	
Your Address: (if different from participant)			
Your phone numbers:			
Your email:			

Details of any other parent (or person with parental responsibility)

Name:		Relationship to participant:	
Address, phone number and email:			

(if different from yours)

Emergency contact details:

(Please provide details of any other person who can be contacted in an emergency if you or the other parent above might not be available)

Name:		Relationship to participant:	
Phone numbers:			

Health, Welfare & Medical Information:

For the child's safety and welfare, it is vital that you provide full and accurate information to all the following questions about them.

Does the child have any allergies (such as to particular foods, medication, or other factors such as bee stings)? If so, please provide details.

Does the child have any medical conditions, mental health conditions, impairments, or disabilities?

Has the child had any recent significant medical treatment, illness, infectious disease or injury? If so, please provide details.

When did the child last receive a tetanus injection?

DD



MM



YY

Does the child have any dietary requirements – for example, is there any food that they should not eat? If so, please provide details.

Does the child have any other conditions or needs (for example: mobility needs, communication issues, behavioural issues, travel sickness, toileting issues)? If so, please provide details.

Does the child have any night-time tendencies such as sleepwalking, nightmares or bed wetting which might affect them during a residential visit? If so, please provide details.

As far as you know, are there any reasons which mean the child is not fit to participate in any of the planned activities? If so, please provide details.

Will the child need to take any medication during the visit? If so, please provide the following details:

Name of medication	Dosage	When to be taken	Method of administration

Does the child have an asthma inhaler or adrenaline auto-injector? If so, please provide details and state whether they are able to carry and use it themselves or whether a member of staff will need to take responsibility for it.

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?

Yes No N/A

If yes, give brief details:

Is your child allergic to any medication?

Yes No N/A

If yes, give brief details:

Family Doctor:

Contact Number:

Surgery Name:

Surgery Address:

Declaration			
<p>Information</p> <p>In signing this form I confirm that I have fully and correctly provided all information requested by this form, and that I will inform the establishment as soon as possible should any of the facts change.</p> <p>I give my consent for this information to be shared with visit staff and any providers or other parties, as is necessary for the health, safety and welfare of my child, under the terms of the establishment's Privacy Policy.</p>			
<p>Code of Conduct</p> <p>I have discussed the Code of Conduct applying to the visit(s) with my child, who has agreed to comply with it. We understand the possible consequences of not doing so.</p>			
<p>Participation</p> <p>I have received and understand the information about the visit(s) to which this form applies, including details of the activities involved and any terms and conditions. I give my consent for my child to participate in the visit(s).</p>			
<p>Medication</p> <p>I will deliver the medication which I have listed above to the Visit Leader before the visit, clearly labelled in its original packaging together with official instructions and information.</p> <p>I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.</p> <p>Please delete which of the following does not apply:</p> <p style="padding-left: 40px;">I give my consent for a member of staff to administer the medication listed above.</p> <p style="padding-left: 40px;">I give my consent for my child to self-administer the above medication, under the supervision of a member of staff.</p> <p>My child has been prescribed an asthma inhaler. In the event of an asthma attack, if their inhaler is not available or is unusable, I consent for them to receive salbutamol from an emergency inhaler if one is available.</p>			
<p>Treatment for minor ailments</p> <p><i>Participants occasionally need first aid or medical treatment during a visit for minor ailments such as sunburn, heat rash, insect bites, period pains, headaches, athlete's foot, indigestion, sore throats, coughs, cuts and grazes. When necessary, and with your consent, staff will provide prevention or treatment of these ailments with the non-prescription products which are commonly available at pharmacies. If more than one dose of pain relief medication (such as paracetamol) is required, you will be contacted for further consent.</i></p> <p>I give my consent for a member of staff to administer the following common non-prescription products for minor ailments <i>[please delete any that you do not want administered]</i>. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication and will follow the products' instructions regarding dosage and children's ages.</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <p><i>Suncream</i></p> <p><i>After-sun lotion</i></p> <p><i>Insect repellent</i></p> <p><i>Calamine lotion</i></p> <p><i>Antihistamine cream</i></p> </td> <td style="vertical-align: top; padding-left: 40px;"> <p><i>Paracetamol (Calpol etc.)</i></p> <p><i>Athlete's foot cream</i></p> <p><i>Antacid tablets</i></p> <p><i>Throat lozenges</i></p> </td> <td style="vertical-align: top; padding-left: 40px;"> <p><i>Cough syrup</i></p> <p><i>Antiseptic cream</i></p> <p><i>Antiseptic wipes</i></p> <p><i>Hypoallergenic adhesive plasters</i></p> </td> </tr> </table>	<p><i>Suncream</i></p> <p><i>After-sun lotion</i></p> <p><i>Insect repellent</i></p> <p><i>Calamine lotion</i></p> <p><i>Antihistamine cream</i></p>	<p><i>Paracetamol (Calpol etc.)</i></p> <p><i>Athlete's foot cream</i></p> <p><i>Antacid tablets</i></p> <p><i>Throat lozenges</i></p>	<p><i>Cough syrup</i></p> <p><i>Antiseptic cream</i></p> <p><i>Antiseptic wipes</i></p> <p><i>Hypoallergenic adhesive plasters</i></p>
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<p>Emergency medical treatment</p> <p>In the event of a medical emergency, I consent to my child receiving emergency medical or dental treatment, including anaesthetic or blood transfusion, if it is considered necessary by the medical authorities present.</p>			

Photography

I consent to photos and/or videos of my child being recorded, stored and used for educational or promotional purposes by the establishment, or any third party engaged by the establishment. The names of children in such photos/videos will not be publicised without your specific permission.

Insurance

I have received information about the insurance held by the establishment for the visit, and understand the extent and limitations of the cover.

Film ratings

I give permission for my child to watch a DVD on the coach which may have a PG rating.

Property

I understand that my child is responsible for looking after their own property during the visit, and that the establishment is not liable for any loss or damage to it.

Terms and Conditions

I agree to the terms and conditions provided, including payment terms and cancellation conditions.

Signature

Name:

Relationship to participant:

Signature:

Date:

Name:

Relationship to participant:

Signature:

Date:

Any other relevant information: