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MRS J MOHAMED
Head Teacher

19 August 2015

Our Ref: IGI-JRI 190815
Your Ref:

Dear Parent/Carer,

Annual Block Consent Form for Routine and Expected Trips out of School

Attached to this letter is an Annual Block Consent Form, along with a copy of the Aberdeen City Council Terms and Conditions for Educational Visits.

Upon reading, please sign the tear-off slip at the bottom of this letter and return, together with the completed consent form, to the School Office.

The consent form may already be familiar to you and I would like to explain why we are issuing the form now and how we plan to use it.

The Annual Block Consent Form attached will be used for all 'Routine and Expected' visits that are an accepted part of the curriculum and take place during the school day. These visits are to local venues within the city boundary, involve easily managed activities and happen on a regular basis. Letters with tear-off slips may be issued for some trips to clarify issues about arrangements, timings, items to be brought, etc. For all visits outwith the city boundary, adventurous activities and residential visits, individual consent will still be required.

The medical information and contact details that are needed for all visits will be collected from the information provided on the Annual Block Consent Form and held at the school.

If any health information or contact details change, please notify the school as soon as possible.

I would be grateful if you could complete and return the attached form, along with the tear-off slip below, to the School Office **by Friday 3rd September 2015.**

Yours faithfully

Iain Gibson
Depute Headteacher

ANNUAL BLOCK CONSENT (SESSION 2015/16) - Tear-Off Slip

Please return this slip and completed consent form to the School Office **by Friday 3rd September 2015.**

Pupil Name: _____ **Class:** _____ **Date of Birth:** _____

I have read and understood the Aberdeen City Council Educational Visits Terms and Conditions and will inform the School of any changes to my emergency contact details and/or my child/ward's medical details.

Parental/Carer Name (Printed): _____ **Signature:** _____ **Date:** _____