



LITTLE ILFORD SCHOOL

LEARNING TOGETHER, ACHIEVING TOGETHER, SUCCEEDING TOGETHER

Headteacher: Ian Wilson
Rectory Road, London E12 6JB

12 November 2018

Dear Parent/Carer,

I am writing to advise you of an educational visit, to which your child is invited. Please read this letter carefully, including the statement for parents and general conditions below, and keep it safe as it will give you all the information you require for this visit.

Please ensure that you complete the 'tear off' slip which your son/daughter will bring home, and return it to the named Visit Leader. You must provide at least one emergency contact number should we need to contact you.

<p>Destination of visit: Victoria and Albert museum Date of visit: 28th November Travel: TFL Leaving time: 9am Meeting place: LITTLE ILFORD SCHOOL Return time: 4pm Drop off point: LITTLE ILFORD SCHOOL Packed lunch required: Yes Cost of visit: N/A</p>

Yours faithfully

Ms A Owen

“... an excellent ambassador for community cohesion within the locality - OFSTED”

Tel. 0208478 8024 | info@littleilford.org | www.littleilford.newham.sch.uk

STATEMENT FOR PARENTS:

1. This note sets out for parents/carers the position regarding the insurance of pupils in relation to activities within the school and outside the school, whilst under the care of school staff.
 2. The Council arranges public liability insurance. This means that the Council is covered for any actions of negligence by their staff, which results in injury to pupils or loss of, or damage to, their property. In such circumstances of negligence by the Council, the parents of pupils may claim compensation for the injury that has been suffered and will receive an appropriate payment as assessed by the Insurers. This insurance covers all activities in, and out of, the school site whilst in the care of school staff.
3. The Council has arranged comprehensive insurance that will compensate for injuries or other loss, which may generally occur in the course of school activities where there is no negligence by the Council's staff. Parents may make additional arrangements for this insurance if they so wish.
4. The Council has arranged for emergency medical cover, which will compensate for any urgent medical attention needed.

GENERAL CONDITIONS:

BY SIGNING THE CONSENT FORM OVER THE PAGE, I:-

5. understand that the school and the organisers will take all reasonable and proper precautions for the health, safety and welfare of my child and of his/her personal property. I also understand that the Council and the organisers will only be responsible for any injury or loss of personal property if this is caused by negligence.
6. agree to inform the school of any relevant medical or other special circumstances affecting my child, before the visit takes place, including any treatment required during the course of the visit.
7. understand that if my child should need emergency medical treatment, every effort will be made to contact me on the contact number given overleaf, before treatment is given.
8. understand that it is my responsibility to inform the school of any circumstances, which may affect my child during this visit.