



Robert Miles Infant School

20th September 2019

Dear Parent/Carer

As part of our 'Once Upon a Time' topic, Cedar and Beech class will be going on a school trip to Whisby Nature Park on Wednesday 23rd October where they will be taking part in various outdoor woodland activities; including tree identification and observing animal habitats.

The coach will leave school at 8:45 so please can you ensure your child is in school promptly for 8:30am so that we can register and set off on time. We will return to school at approximately 3:15pm in time for the end of the day.

The cost of the trip will be £12 which includes the coach and booking fee for Whisby Nature Park. If you are in receipt of Pupil Premium funding (free school meals) please contact the school office.

All children can be provided with a free packed lunch which will consist of a sandwich of their choice (tuna, cheese, ham or egg mayo) and a small bag of cherry tomatoes, a piece of fruity flapjack and a drink carton. Please indicate on the reply form whether they require one or whether they would prefer to bring their own. Please do not send your child with any snacks that contain nuts. We will take milk and additional fruit snacks with us for break time and children will need to bring their own labelled water bottle.

Children must wear a set of clothes that they don't mind getting dirty with a waterproof coat and sensible shoes that they can walk around in.

Please return the reply slip, consent form and payment by Thursday 3rd October.

If we do not receive enough contributions to cover the cost of the trip then unfortunately it will not be able to go ahead.

Thank you

Mrs Attwood

**Whisby Nature Park – Year 1
Wednesday 23rd October 2019**

Consent

Child's Name: _____

Class: _____

I do/do not give permission for my child to attend the **Whisby Nature Park trip**.

Signed: _____

I enclose a signed medical consent form attached

Payment

I enclose £ _____ cash/cheque (please delete) towards the cost of the trip

(all monies should be in a sealed envelope marked with your child's name and class – these are available at the office)

Or

My child is registered for pupil premium funding and I would like support with the cost

Lunch choice

Please choose from:

Tuna mayo

Cheese

Ham

Egg Mayo

I will provide a packed lunch

Parent helpers

Please indicate below if you are available to help on the trip. Due to limited spaces on the coach your class teacher will let you know if you are needed.

I am able to help. Name: _____ Contact number: _____

PLEASE RETURN THIS FORM BY THURSDAY 3RD OCTOBER 2019

CONFIDENTIAL PARENTAL CONSENT FORM

1. Consent for participation in the visit

Visit to Whisby Nature Park

Date: 23rd October 2019

I agree to my son/daughter _____ (name) _____ (class) taking part in the above-mentioned visit and agree to his/her participation. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

2. Medical information, declarations and consent

a) Does your son/daughter suffer from any conditions of which the staff member leading the visit should be aware: **YES/NO**

b) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

I give my consent for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand 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 endeavour to respond appropriately should emergency treatment be required.

c) Is your son/daughter allergic to any medication: **YES/NO**
If YES, please specify.

d) I undertake to inform the group leader/headteacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

e) I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. Contact numbers

a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____ Mobile: _____

b) If I am not available, please contact:

Name: _____ Telephone Numbers: _____

4. Signature

Date: _____ Signed: _____

Full name (capitals): _____