



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'



Head Teacher Mrs. J. Bayliss

Tuesday 7th March 2023

Dear Parents and Carers,

Year 6 have an exciting opportunity to visit Drayton Manor on Wednesday 12th July 2023. We thought that this would be a nice way for them to end their time at Burnt Tree Primary School and to enjoy some time with their friends before they start secondary school.



We will be leaving school at 8:15am and will return back to school at approximately 5:15pm (traffic permitting).

To help with the cost of this trip, the school will subsidise some of the cost. The balance of £25.00 should be paid via Parent Pay. If you would like your child to attend, you can secure their place by paying £5 non-refundable deposit by Monday 3rd April 2023. The remaining £20 can be paid in instalments by the due dates on Parentpay. Full payment must be made by Wednesday 5th July 2023.

This cost includes the transport to and from Drayton Manor, entrance into the park and unlimited rides. I hope that you would agree with us that this is a fantastic opportunity for the children to celebrate their time at Burnt Tree.

Please complete the attached consent form along with the reply slip below and return it to the office or your child's class teacher as soon as possible to secure a place for your child.

Kind regards,

Mr M Brazier and Miss E Griffiths

Mr M Brazier and Miss E Griffiths
Year 6 Teachers

✂-----

I would like my child _____ in year 6, class _____, to go on the trip to Drayton Manor on 12th July 2023 and agree to pay £25.00 to cover the cost of the trip.

Parent/Carer signature: _____



SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

Sept 2018

Data Protection Act, 2018

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation. The School will retain the information in this form in line with its retention policy. If there is an accident or near miss on a visit, the form will be kept until your child reaches the age of 25. If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

School/Group:	BURNT TREE PRIMARY SCHOOL
Visit to:	Black Country Museum Chemistry workshop
Date and times:	Thursday 16 th March 2023
I consent to:	

(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund. Outdoor, offsite and adventurous activities carry a degree of risk. It is essential that you, as parents, take responsibility for disclosing ALL medical and other information that might impact on your child's safety.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc? Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks, including sickness & diarrhoea? Yes No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin, aspirin, plasters etc Yes No

If yes please give details:

Has your son/daughter had any serious medical condition or injury, including broken bones or dislocations, in the last few years that we should know about? Yes No

If yes please give details:

--

Has your son/daughter been immunised against tetanus?

Yes No

Date of last injection:

--

Please outline any dietary needs or food allergies:

--

Name of child's doctor:

--

Address:

--

Post code:

--

Tel no:

--

I will inform the Visit Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

--

Ev:

--

Mob:

--

Home Address:

--

Alternative Emergency Contact

Name

--

Relationship:

--

Tel: Day

--

Ev:

--

Mob:

--

Address:

--

Declaration

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

--

(Parent/Guardian)

Print Name:

--

Date:

--

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.