



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'



Head Teacher Mrs. J. Bayliss

Tuesday 28th February 2023

Dear Parents/Carers

We have organised a trip for Early Years (Nursery and Reception) to visit **Hatton Adventure World** in Warwick on **Thursday 13th July**. We will be leaving school at **9.00am** and returning at **4.30pm**. The visit will include exciting shows and demonstrations and the opportunity to explore the farm and feed and touch the animals. Children will also have the use of the indoor and outdoor play areas and a selection of small rides and bouncy castles.



The cost of the trip which includes the coach and entrance is **£20.00**. If you would like to accompany your child, additional adults will also be at a cost of **£20.00**. We ask that you pay a **£5** non-refundable deposit for each adult and child by **Friday 5th May** in order to get coaches booked and secure your place. The full balance must be paid by **Friday 7th July**. Payments will need to be made through ParentPay. If you have any problems with this, please speak to a member of staff at the main reception. Please also complete the consent form below and medical form attached, and return to your child's class teacher.

Your child will need to wear weather appropriate clothes and suitable footwear. Please ensure they have a coat and that sun cream is applied prior to the trip in case of hot, sunny weather. Reception children are entitled to a free packed lunch from school, please indicate if you would like your child to receive one. Please also provide your child with a water bottle on the day. Alternatively, you will need to provide your child with a packed lunch including a drink.

Thank you for your continued support.

Yours faithfully,

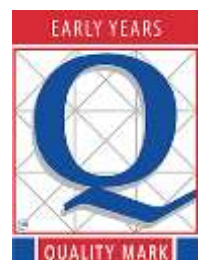
C Wakeman
Assistant Head Teacher

I would like my child _____ in class _____ to take part in the visit to Hatton Adventure World.

I would like a place for a parent/carer to accompany my child and take full responsibility for my child during the trip. Name of adult accompanying child _____

I would like a packed lunch provided for my child by school (Reception children)

Signed _____



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:	Hatton Adventure World, Warwick, CV35 8XA
Date and times:	Thursday 13 th July 2023 9:00-16:30
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.