



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'

Head Teacher Mrs. J. Bayliss



Monday 20th March 2023

Dear Parents and Carers,

For our end of term trip, we have decided to visit Twycross Zoo! The children have worked so hard this year in year 3 and we are very proud of all their hard work and progress. We will be exploring Twycross Zoo and observing the amazing animals they have, while also learning about the wildlife conservation taking place. We hope this will be an exciting way to end a great year with the children.



Our trip will take place **Monday 10th July 2023**. We will be leaving school promptly at **9.30am** and we are due to arrive back at school by **4.20pm**. This will mean normal drop off, however pick up time will be an hour later than regular pick up time. The children will need to be in **school uniform** and bring a **packed lunch** with them. **If your child is entitled to Free school meals you will receive a text asking if you want to order a packed lunch from school. Please reply to the text with Yes or No.**

If you would like the children to bring spending money for the shop, please give your child **maximum of £10.00 in a sealed purse or wallet on the day of the visit**. The children will need to be responsible for their own money during the day.

The cost of this trip is **£19.00** per child. The payment for this trip will be available on Parentpay for you to make payment. Please pay the £5 deposit by Friday 28.04.23 and the balance in full or in installments by the due dates on Parentpay. Please also complete the attached one off consent form and return it to the class teacher as soon as possible.

Thanks for your continued support.

Kind regards

 L Paskin

Miss Horton and Miss Paskin
Year 3 class Teachers



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:	Twycross Zoo
Date and times:	Monday 10th July between 9.30am and 4.20pm
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

Eve:

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.