



# Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'

Head Teacher Mrs. J. Bayliss



Wednesday 22<sup>nd</sup> March 2023

Dear Parents and Carers,

As an end of year celebration we would like to take the children from Year 5 to Baggeridge Country Park in Sedgley to take part in a range of activities run by the 'Challenge Academy'. The trip is planned to take place on **Wednesday 28<sup>th</sup> June.**

Run by the 'Challenge Academy', half the day will include team-building activities, working with peers to problem solve, brain-blasting problems, obstacle activities and many other fun, outdoor learning activities. This is a great way for the children to participate in a range of activities to promote working positively with each other, having a positive attitude towards working with others, and build their confidence to try something that might be 'out of their comfort zone'. We know that many of the children will really enjoy being a part of some of these activities!



For the rest of the day, children will be able to experience the high ropes course. They can climb, jump, swing, traverse and slide, all under the direct supervision of the Baggeridge staff. The rail safety system means that once you are harnessed up and attached to the system then you are safe and unable to unclip yourself. There are 3 different levels to cater for all pupils abilities.

The cost of the trip, which includes transport there and back, as well as the activities run by the academy, is **£26.50**. We will require a deposit to be paid on Parentpay of **£6 by no later than Friday 31<sup>st</sup> March** and a further **payment of £14 by Friday 26<sup>th</sup> May** as we will need to send the final numbers to the centre, as well as ensure that the risk assessment is finalised. The balance **needs to be paid by Monday 19<sup>th</sup> June**. If insufficient payments are received then the trip will have to be cancelled. If you do have any concerns please speak to one of us.

Children will be required to bring a packed lunch unless you are entitled to a free school lunch. All children will be required to bring a drink. Can we please ask that there are no cans of fizzy pop or glass bottles or great big bags of sweets or crisps.

In addition, a hat/sun-cream/waterproof jacket will be needed, depending upon the weather on that day – come rain or shine we will still be attending!

The children are NOT required to come in school uniform on this day, but we do ask that they come in sensible outdoor clothing e.g. leggings or tracksuit bottoms and trainers that are suitable for walking longer distances and a t-shirt – please no sandals or flip-flops as these are not suitable for the activities.

We will be departing school at around 9.15am and will return to school by 3pm.

Please complete the attached AB form and return it to the class teacher as soon as possible.

Many thanks for your continued support,

*C Crannage*

Miss Crannage  
Year 5 Teacher



# 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:

**Baggeridge Park**

Date and times:

**Wednesday 28<sup>th</sup> June 2023 between 9.15am and 3.00pm**

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:

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Has your son/daughter been immunised against tetanus?

Yes  No

Date of last injection:

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Please outline any dietary needs or food allergies:

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Name of child's doctor:

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Address:

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Post code:

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Tel no:

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**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:

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Ev:

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Mob:

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Home Address:

--

***Alternative Emergency Contact***

Name

--

Relationship:

--

Tel: Day

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Eve:

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Mob:

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Address:

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**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:

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(Parent/Guardian)

Print Name:

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Date:

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