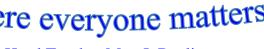


Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN Tel 0121 557 2967

Where everyone matters'



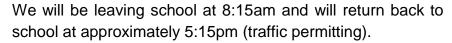


Head Teacher Mrs. J. Bayliss

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.





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 Year 6 Teachers

×	
I would like my childgo on the trip to Drayton Manor on 12 th July 2025 trip.	
Parent/Carer signature:	













SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES Sept 2018

Data Protection Act, 2018

School/Group:

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.

BURNT TREE PRIMARY SCHOOL

Visit to:	Black Country Museum Chemistry workshop								
Date and times:	Thursday 16 th March 2023								
I consent to:	(full name)								
knowledge the need for him knowledge that if I decide to e visit that I may not receive	ave read the accompanying information . I agree to him/her participan/her to behave responsibly throughout the visit and to follow any rule not to send my child on this visit after I have paid or if my child's behave a refund. Outdoor, offsite and adventurous activities carry a degree or disclosing ALL medical and other information that might impact on	es and instructions givaviour results in his/h of risk. It is essential	ven. I also er exclusion						
edical information abo	ut your son/daughter:								
Date of birth:	(dd/mm/yy)								
Does your child suffer for epilepsy, diabetes etc?	rom any condition requiring regular treatment including asthma,	Yes 🗌	No 🗌						
If yes please give details	s:								
medication should this b	es do you give your permission for the staff to administer the be necessary? st of your knowledge been in contact with any infectious or	Yes 🗌	No 🗌						
contagious diseases or s	uffered from anything that may become infectious or contagious including sickness & diarrhoea?	Yes	No 🗌						
If yes please give details	s:								
	ergic or sensitive to any medication? eg penicillin, aspirin,	Yes 🗌	No 🗌						
plasters etc		_							
If yes please give details	s.								

If yes p	lease give deta	ils:										
	ur son/daughter tetanus?	been imn	nunised	Ye	es No		Date	of last in	jection:			
Please o	outline any diet	ary needs	or food	allergies:								
Name o	of child's docto	r:										
Address	s:											
					1							
Post co	de:				Tel no:							
circumsta Emerge	orm the Visit I ances between ency Contact Description of the contacted by	now and	the con	nmencem	ent of the vis	it.	soon as p	ossible o	f any cha	nnges in	the med	ical or other
Day:			Ev:		8		Mob:					
Home A	Address:		1									
Alterna	tive Emergency	/ Contact										
Name												
Relation	nship:											
Tel: Da	ny				Ev:			Mob:				
Address	s:											
Declarati	ion											
	my son/daugh ic, as considere						emergency	y dental,	medical o	or surgica	al treatme	ent, including
I agree to	my son/daugh	ter receivi	ng a blo	od transf	usion if consid	dered 1	necessary	by the m	edical au	thorities	present.	
I understa of the pol	and that I may a	isk to see a	а сору о	f the insu	rance cover pi	rovide	d in order	that I mi	ght appre	eciate the	e extent a	nd limitation
Signed:	:							(Parent/C	Guardian)			
Drint M	omo:							Datas				

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