



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'

Head Teacher Mrs. J. Bayliss



Friday 3rd May 2024

Dear Parents/Carers,



On Monday 10th June Year 2 will be visiting Revolution Gymnastics Club as part of our topic 'Healthy Eating and Living'. During the trip children will take part in a range of activities including gymnastics and trampolining and will receive coaching from qualified coaches.

Children will need to be dressed ready for exercise so will need the following clothing: leggings or jogging bottoms, a t-shirt, a jumper, socks and trainers. If your child already has a gymnastics leotard they are more than welcome to wear this; however, there is no expectation for you to purchase one for this trip.

Please note that children with long hair will need to have it tied back in a hairband and **no jewellery** is to be worn during this trip. If your child has an inhaler, please make sure they have it in school as it will need to be taken on the trip. If they do not have an inhaler in school, they cannot attend the trip. As we will be there all day, children should bring a water bottle with them and a packed lunch. If your child has a free school meal, they will be provided with a packed lunch from school; however, they will need additional drinks and snacks.

We will be leaving school at 9:15am and travel by coach to and from the gym. In order to cover costs of the transport and use of the facilities we are asking for a contribution of £13. **Please be aware that if we do not raise enough funds, the trip will not go ahead.** The cost of the trip will need to be paid via parent pay before the trip takes place. We will return back at school by 3pm ready for usual collection time.

If you would like your child to attend, please complete the consent form below and the attached form and return it to your child's class teacher. Please be aware that without the completed forms your child will not be allowed to participate in the trip. We will need to know if your child would like to attend at the very latest by Friday 25th May.

Yours faithfully,

Mrs Bryant and Miss Bailey

Year 2 Class teachers

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I give consent for _____ to attend the Year 2 trip to Revolution Gymnastics Club.

Signed: _____

Date: _____



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:

Revolution Gym

Date and times:

Monday 10th June 2024 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:

--

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:

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Alternative Emergency Contact

Name

--

Relationship:

--

Tel: Day

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Eve:

--

Mob:

--

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.