



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'

Head Teacher Mrs. J. Bayliss



Monday 2nd June 2025

Dear Parents/Guardians

We have organised a trip for Early Years (Nursery and Reception) to visit **Weston-Super-Mare** on **Tuesday 15th July** as their end of year trip. We will have the use of a coned off area on the beach with buckets and spades, a donkey ride for the children, and an ice cream or ice lolly for each child. We will be departing from school at **8am** and returning by **6pm**. Please arrive at school for **7:45am** to register and ensure a prompt departure.



The cost of the trip is **£22.00** per child to be paid through Parent Pay. Due to the nature of the trip, we are encouraging parents/guardians to accompany their child and request that Nursery children **must** have an adult to accompany them. The cost for each adult and children under 2 will be **£17.00**. We ask that you pay a **£5** non-refundable deposit by **Monday 16th June** in order to get coaches booked and secure the place. The full balance must be paid by **Monday 7th July**.



We have also organised a discounted rate for a fish and chip lunch of **£4** per child, **£6** per adult or a small portion of chips of **£2**. This will be an additional payment on Parent Pay to pre book. Fish and chips will be delivered to our group/the designated coned off area on the beach. Alternatively, you are welcome to source your own fish and chips or food on the day.

You will also have the opportunity to visit the pier, arcades and amusements. If your child is attending without an adult, please place any spending money in a purse/wallet and give to your child's class teacher on the day.



Weston Super Mare also has a range of different shops, restaurants and bars. Please be reminded that **no alcohol** is to be consumed on the trip.



Children can wear their own clothes and are advised to bring a towel to use when sitting on the beach and to dry their feet after paddling in the sea. Please ensure that sun cream is applied prior to the trip in case of hot, sunny weather.

Due to the length of time we will be away from school, children may wish to bring additional food and snacks for the day. All children will need a water bottle and an additional drink. **Reception children are entitled to free school meals, you will receive a text asking if you would like school to provide a packed lunch. Please reply to this text indicating 'YES' or 'NO' along with your child's name, for it to be ordered from the school kitchen.**



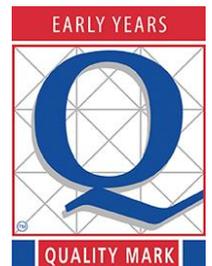
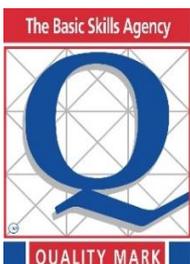
This trip is an additional experience for our EYFS children and a chance for you to enjoy a day out with your child at the seaside if you wish to accompany them. If your child does not attend, school will be open for Reception and full-time Nursery as normal. **Nursery for part time children will be closed.**

Thank you for your continued support.

Yours faithfully,

C. Clarke

C Clarke
EYFS Leader



Please complete the below consent form and attached medical form and give to your child's class teacher as we require a paper copy for Early Years trips. Thank you.

- I would like a place for my **child** _____ in class _____ to take part in the visit to **Weston Super Mare** on **Tuesday 15th July 2025.**

- I would like a place for a **parent/carer** to accompany my child and take full responsibility for my child during the trip

- I would like a seat on the coach for an additional **child under 2/baby**

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:	Weston Super Mare, BS23 1AL
Date and times:	Tuesday 15th July 2025 between 8am - 6pm
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.