



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'



Head Teacher Mrs. J. Bayliss

Wednesday 5th November 2025

Dear Parents/Carers

We have organised a trip for year one children to have the opportunity to go on a Santa Safari to see Father Christmas at **West Midlands Safari Park** on Monday 8th December. We will be leaving school at **9:15am** and returning at **3:30pm**. The children will be accompanied by the year one staff plus additional staff members and will be in groups of a maximum of 6 children.



The visit will include a drive through safari, talks and shows and a walk through the walk-through areas in the park, a visit to see Santa in his grotto, including the enchanted elevator, a photo with Santa to take home and the children's own choice of present.

As we are a school booking we have special discounted price. The cost of the trip, including the coach is **£25 per child**.

We ask that you pay a **£5** non-refundable deposit for each child please by **Friday 14th November** in order for us to confirm the booking with the safari park and the coach company. The full balance must be paid by **Friday 28th November** as the safari park requires full payment by this date. Payments will need to be made through ParentPay.



Your child will need to wear weather appropriate clothes and suitable footwear. Please ensure they have warm clothing and a waterproof coat. As children in Year 1 are entitled to Universal Free School Meals, you will receive a message via Arbor asking if you want to order a packed lunch from school. Please reply **HAM** or **CHEESE** or **TUNA** for your choice of sandwich filling by 11pm on **Friday 14th November** to order it from the school kitchen or reply **NO** if you want to send a packed lunch from home. All children need to bring extra drinks and a backpack to carry their drink and lunch in.

Thank you for your continued support.

Yours faithfully,

Year 1 Staff

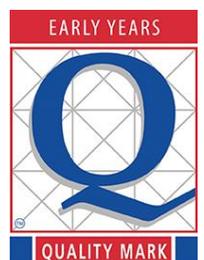
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I would like my child _____ to take part in the Santa Safari visit.

I will pay the deposit and the balance by the agreed dates.

Signed _____

Date _____



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

(Sept 2024)

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:	West Midlands Safari Park
Date and times:	Monday 8th December 2025 between 9:15am and 3:30pm
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.