



# Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'

Head Teacher Mrs. J. Bayliss



Wednesday 15<sup>th</sup> April 2026

Dear Parents/Carers,

## Year 5 Trip to West Midlands Safari Park – 17<sup>th</sup> June 2026

We are excited to inform you that we have arranged a reward trip for Year 5 to **West Midlands Safari Park on Wednesday 17<sup>th</sup> June 2026**. This trip is a fantastic opportunity for the children to celebrate their hard work in Year 5 and create lasting memories before moving into their final year of primary school.

### The trip will include:

- Entrance to West Midlands Safari Park
- Unlimited access to the rides
- Coach transport to and from the venue
- A ranger-led safari tour – A knowledgeable ranger will join us on the coach to enhance the safari experience



Departure: 8:45 AM (Children must arrive at school by 8:30 AM) Return: 4:30 PM

The total cost of the trip is £28.00 per child, which includes all the activities listed above. This trip is funded by voluntary contributions and if insufficient contributions are received, the trip will not go ahead.

**Pupils who do not attend will be provided with alternative learning activities in school.**

**All payments must be made via ParentPay.**

The cost can be paid in full or in instalments as follows:

- Deposit: £ 8.00 Due by Thursday 30<sup>th</sup> April
- Instalment 1: £ 5.00 Due by Friday 8<sup>th</sup> May
- Instalment 2: £ 5.00 Due by Friday 15<sup>th</sup> May
- Instalment 3: £ 5.00 Due by Friday 22<sup>nd</sup> May
- Final Instalment: £ 5.00 Due by Friday 5<sup>th</sup> June

If your child is eligible for free school meals you will receive an Arbor app message asking if you would like to order a packed lunch from school. Please reply YES or NO to this message by 4pm on Thursday 30<sup>th</sup> April to order it from the school kitchen.

If you would like your child to attend, please complete the permission slip below and return it by Thursday 30<sup>th</sup> April. If you have any questions, please do not hesitate to speak to one of the year 5 staff.

We are looking forward to a fantastic day out and hope that all the children will be able to take part.

Yours sincerely,

Mrs Cotton and Mr Pardoe





I give permission for my child to attend the trip to West Midlands Safari Park on Wednesday 17<sup>th</sup> June 2026.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

I understand that all payments must be made via ParentPay and that the total cost of £28.00 must be paid in full by Friday 5<sup>th</sup> June 2026.

Signature: \_\_\_\_\_ 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:

**Wednesday 17<sup>th</sup> June between 8.30am and 4.30pm**

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.**