Burnt Tree Primary School

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

'Where everyone matters'

Head Teacher Mrs. J. Bayliss

Tuesday 21st April 2026

Dear Parents/Carers

We have organised a spring farm trip for Early Years (Nursery and Reception) to visit **Little Owl Farm Park** in Dunhampton, Worcestershire, on **Wednesday 1st July**. We will be leaving school at **9.15am** and returning at **4:00pm**.

The visit will include the cost of the coach, entrance to the park and animal feed for the children to feed the animals. You will have the opportunity to explore the farm, feed and touch the animals and attend the demonstrations that are available. You will also have the use of the picnic area and the indoor and outdoor play areas as well as the other activities that are available such as the go karts, bouncing pillows and pedal tractors.

As we are a school group booking, we have discounted prices which have enabled us to bring down the cost of the trip. The cost of the trip is a payment of **£20.00 per child**, with transport included. If you would like to accompany your child, this will be at a cost of **£20.00 per adult**. Any younger children over the age of 12 months you wish to bring will be the same cost of £20. If you have a child under the age of 12 months and you wish to bring them, they will be a cost of **£12.00 per child.**

We ask that you pay a non-refundable deposit of **£5** per child and per adult by **Thursday 30th April** in order to secure your place. The full balance should be paid by **Friday 19th June**. Payments will need to be made through ParentPay either in full or in instalments. Please ensure you have your account set up to do so. If you have any problems with this, please speak to a member of staff at the main reception. Please also complete the consent form below and medical form attached, and return to your child's class teacher. If you have any concerns please speak to a member of staff.

If insufficient contributions are received, the trip may not go ahead. Pupils in Reception classes and full-time Nursery who do not attend the trip will be provided with alternative **learning activities in school.**

Please note that there will be no part time Nursery on Wednesday 1st July if your child is not attending the visit to Little Owl Farm Park.

Your child will need to wear weather appropriate clothes and suitable footwear. Please ensure they have a coat and that sun cream is applied prior to the trip in case of hot, sunny weather. Reception children are entitled to a free packed lunch from school, please reply to the Arbor message in due course if you would like your child to receive one. Alternatively, you will need to provide your child with a packed lunch and drink. Please also bring an additional drink for your child and a backpack to carry their lunches in.

Thank you for your continued support.
Yours faithfully,
Mrs Hutchinson-Pinnock

I would like my child _____in class _____ to take part in the visit to Little Owl Farm Park on Wednesday 1st July.

I would like ☐ places for a parent/carer to accompany my child
I would like ☐ places for a toddler aged 1-3 (not in school)
I would like ☐ places for a baby under 12 months.

Signed _____ Date_____

Sandwell
Metropolitan Borough Council
Children & Families

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:	Little Owl Farm Park, Owl Hill Lane, Dunhampton, Worcestershire DY13 9SS
Date and times:	Wednesday 1st July 2025 9:15am – 4:00pm
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:

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.