



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'



Head Teacher Mrs. J. Bayliss

Wednesday 22nd April 2026

Dear Parents and Carers

For our end of term trip, we have booked a visit to Chester Zoo. We will be exploring Chester Zoo, listening to talks from the rangers about some of the animals, observing the amazing animals they have, while also learning about the wildlife conservation taking place. There will also be opportunities to use the play areas and picnic areas. We hope this will be an exciting way to end a great year with the children.

Our trip will take place **Tuesday 23rd June 2026**. Children will need to be in school for 7:45am as we will be leaving school promptly at **8:00am** and we are due to arrive back at school by **5:30pm**. The children will need to be in **school uniform** and will need to bring a **packed lunch** with them. **Please ensure your child has enough drinks for the day and a water bottle that can be refilled.**

If your child is entitled to Free school meals you will receive an Arbor app message asking if you want to order a packed lunch from school. Please reply to the text with **HAM** or **CHEESE** or **TUNA** for your choice of sandwich by 4pm on 26/04/2026 to enable it to be ordered from the school kitchen.

If you would like the children to bring spending money for the shop or an ice cream, please put it in a named purse or envelope. The children will need to be responsible for their own money during the day.

The cost of this trip is £26 per child. (£10 for zoo and £16 for coach). The payment for this trip will be available on Parentpay for you to make payment. Please pay the £5 non-refundable deposit by Thursday 30th April and the balance by Tuesday 16th June. Please also complete and return the attached consent forms to the class teacher as soon as possible.

Thanks for your continued support.

Kind regards

C Bailey O Cole

Miss Bailey/Mr Cole
Year 3 class Teachers

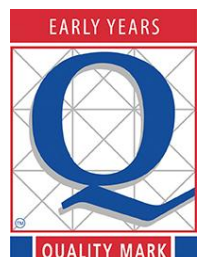
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I give permission for my child to attend the trip to Chester Zoo on Tuesday 23rd June 2026

Child's Name: _____ Year 3 Class: _____

I understand that all payments must be made via ParentPay and that the total cost of £26.00 must be paid in full by Tuesday 16th June 2026.

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:

Chester Zoo

Date and times:

Tuesday 23rd June 2026 8am-5:30pm

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.