



# Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'



Head Teacher Mrs. J. Bayliss

Thursday 7<sup>th</sup> May 2026

Dear Parents and Carers,

We have booked a visit to Conkers for Year 4 for our end of year trip on **Monday 29<sup>th</sup> June**.

This visit works out to a cost of **£23** per child, this covers transport, a 4D cinema experience, access to the Discovery Centre and Waterside area and a workshop with a ranger. Children will have the opportunity to complete an assault course, a barefoot walk, as well as access to the adventure playground, science/ nature exhibits, sensory forest and mini beast hunting zone.



Payments for this visit should be made via Parentpay. Places can be reserved with a non-refundable deposit of £5 by Friday 15<sup>th</sup> May with the balance due by Monday 22<sup>nd</sup> June.

We will be leaving school promptly at 9:15am and we are due to arrive back at school for 4:30pm. Please ensure your child is in school by 8:45am for registration. Your child will need a packed lunch unless they are eligible for a free school meal. If your child is entitled to free school meals you will receive a link to Microsoft forms via Arbor to indicate their choice of sandwich, either ham OR cheese OR tuna. Please do this by Friday 15<sup>th</sup> May to order a packed lunch from the school kitchen.

All children must bring drinks to last them for the day and a backpack to carry their drinks and lunch. All children will need a small towel to enable them to take part in the barefoot walk and other small water activities. Please ensure your child is dressed suitably for the weather and the activities with sensible footwear. **School uniform does not need to be worn.**

Children can bring spending money if they wish, to buy an ice cream or to visit the small gift shop. This must be in a named purse or envelope.

**Please return the slip indicating if your child will or will not be attending the trip.**

Kind regards,

Miss Dunn and Mr Newman  
Year 4 Teachers

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My child \_\_\_\_\_ in Year 4 \_\_\_\_\_ class will/will not be attending the trip to Conkers on Monday 29<sup>th</sup> June.

I will pay a non-refundable deposit of £5 by Friday 15<sup>th</sup> May and the balance by Monday 22<sup>nd</sup> June.





# 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:	<b>Burnt Tree Primary School</b>
Visit to:	<b>Conkers</b>
Date and times:	<b>Monday 29<sup>th</sup> June 2026 between 8:45am and 4:30pm</b>
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.**