



Thursday 15th February, 2018

Dear Parent/Carer,

RE: Visit to Birches Valley Forest Centre, Cannock Chase

As part of our Far Far Away learning challenge, Year 1 will be visiting Birches Valley Forest Centre via coach. We will be completing a Gruffalo orienteering course and learning all about the great outdoors!

Our visit will take place on **Monday 19th March, 2018**. We will be leaving at **9am** and returning at approximately **2.45pm**. Children can be collected at the normal time of **3.15pm**. Please ensure your child is in full school uniform. As the Gruffalo orienteering course will be taking place in a woodland area, please can your child wear appropriate footwear (boots/wellington boots). We also advise on bringing a waterproof jacket. All children will be provided with a packed lunch. If you wish to provide your child with their own packed lunch, please bring it in a named carrier bag.

The total cost of the trip per child is £6.50.

If your child is in receipt of Pupil Premium funding then you do not have to pay for the trip.

Please complete the return-slip and medical form to your class teacher by Monday 12th March 2018.

Yours sincerely,

Mrs E Abdelaziz
Year 1 Class Teachers

Mrs P Malhi

Miss K Kaur

Miss C Howell

Visit to Birches Valley Forest Centre, Cannock Chase - RETURN FORM

I give my child _____ in class _____ consent to take part in the trip to Birches Valley Forest Centre. I understand that my child will travel by coach. The cost of the trip is £6.50 per child.

Signed: _____

Date: _____

Parental Consent Form (AB) for Offsite Activity Non-Residential

School/Group:

Visit to:

Date and times:

I consent to: (full name)

taking part in this visit and have read the **accompanying letter**. 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.

(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes period of remote supervision, parents should be asked for their specific consent for this.)

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?

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

Is your son/daughter allergic or sensitive to any medication? eg penicillin

Yes No

If yes please give details:

Please outline any dietary needs or food allergies:

I will inform the Group Leader/Head Teacher/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: Evening: Mobile:

Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day: Evening: Mobile:

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.