ASQUITH PRIMARY SCHOOL & NURSERY
Asquith Street, Mansfield, Notts, NG18 3DG
01623 454969

Key Stage 1 Trip to Berry Hill Park

On Tuesday 26th July, all of Key Stage 1 will be going on a trip to Berry Hill Park. We aim to leave school at 9.15 and arrive back around 3.00.

During the day the children will take part in:

- Forest school activities
- Orienteering
- Team games
- Playing on the park and having an ice-cream

Children will need to wear suitable clothing for playing in (they do not need to wear school uniform) They will also need a sunhat, water bottle, small backpack and have had sun cream applied in the morning. Lunch will be provided for ALL children.

We need at least two parents to support each class during the day. Please let your child's teacher know if you are able to join us. Thank you in advance.

Please complete the permission form attached and return to school before Wednesday 12th July. We are asking for a £1 contribution towards the cost of an ice-cream.

If you have any questions, please see your child's class teacher.

Mrs Raybold

Deputy Head and Key Stage 1 Leader

BERRY HILL PARK

SCHOOL VISIT
PERMISSION FORM

Date	Leaving school at:	Returning to school at:	Mode of transport:
26 July 2022	9:15am	Before 3:15pm	Walk

Name of child:	Date of birth:	Class:	Home address including post code:

GP (Doctor) INFORMATION:

GP Practice/Surgery	GP Name	GP Telephone Number

CURRENT MEDICATION DETAILS

Name of Medication	Dosage	Method of administration	Times/circumstances to be given

MEDICAL DETAILS

Detail all allergies:

When did your child last receive a tetanus injection?

DIETARY NEEDS

Detail any dietary needs:

I give permission for my child to be photographed during the visit and understand it may be used by school and partner organisations for their wider use, such as (but not limited to) websites, social media sites and local press.	Please circle **Yes / No**
I give permission for my child to be filmed during the visit and understand it may be used by school and partner organisations for their wider use, such as (but not limited to) websites, social media sites and local press.	Please circle **Yes / No**

I agree to my child receiving emergency medical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present.

I undertake to inform the school of any changes, as soon as possible, to the medical and contact details provided on this form.

EMERGENCY CONTACT – ***(details of person who should be contacted in case of an emergency during the trip)***

Emergency Contact Name	Relationship to Child	Contact Telephone Number

I give permission for my child to take part in the above mentioned visit.

PARENT/CARER DETAILS

Contact Telephone Number 1	Contact Telephone Number 2	Work Telephone Number

Address:

Name	Signature	Date