

Years 3 & 4 Only

29 June 2022

Dear Parents/Carers

**Year 3/4 End of Term Visit
Rufford Park
Tuesday 26 July 2022**

We will be leaving school at 9am and will return at approximately 3pm, we will be travelling by coach. Children will be going for walks around the lake, playing in the fabulous play areas and having a game of miniature golf.

This is a whole day trip so the children will need a packed lunch. Children who receive free school meals and normally have a school provided free meal will have a packed lunch provided by school but please remember to send your child with a drink.

Children do not need to wear school uniform, but please ensure that they have sensible clothes and footwear for our planned activities. Please ensure that your child has a sun hat and sun cream if the weather forecast is hot and a raincoat if rain is expected.

The visit is being subsidised by school, but we are asking for a voluntary contribution of £2. Please be aware that if we do not receive enough contributions, we may have to cancel the trip.

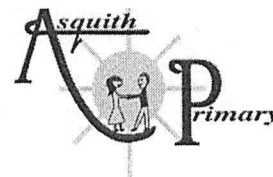
Please complete the consent form attached and return it to school along with payment by Friday 8 July 2022. Please ensure payments are placed in an envelope clearly marked with your child's name and class.

Yours faithfully

C Harding
Head Teacher

RUFFORD PARK

SCHOOL VISIT PERMISSION FORM



Date	Leaving school at:	Returning to school at:	Mode of transport:
26 July 2022	9:00am	Approximately 3:00pm	Coach

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
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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
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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