

Years 5 & 6 Only

29 January 2024

Dear Parents/Carers

As part of our curriculum a trip has been planned to take part in Easter Activities at Southwell Minster on Friday 22 March 2024.

This is a whole day trip so the children will need a packed lunch. Children who receive free school meals will have a packed lunch provided by school but please remember to send your child with a drink. We leave at the beginning of school, and hope to return between 3.15pm and 3.30pm.

Please send your child to school in uniform and a waterproof coat.

We are asking for a voluntary contribution of £10 towards the cost of taking part in the day. The school is subsidising the cost, the total cost is £14.30 per child.

Please complete the consent form attached and return it to school along with payment by Friday 1 March 2024. Please ensure payments are placed in an envelope clearly marked with your child's name and class.

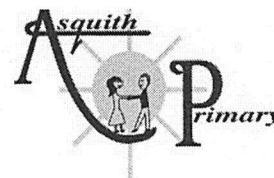
If we do not receive enough voluntary contributions, the trip will be cancelled.

Yours faithfully

C Harding
Head Teacher

SOUTHWELL MINSTER

SCHOOL VISIT PERMISSION FORM



Date	Leaving school at:	Returning to school at:	Mode of transport:
Friday 22 March 2024	9:00am	3:15pm/3:30pm	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
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