22nd February 2018

Dear Family

As part of our curriculum in Reception we are learning all about animals and farms. We believe real life experiences are essential in order to enhance the children’s learning, so we have booked an educational visit to Barleylands Farm (Billericay) on Wednesday 28th March. We will be travelling by coach and leaving school at 9am prompt, to return by 3.00pm. **Please note that your child should arrive at school at 8.30am on this day.** We will be unable to wait for any latecomers.

Packed lunches have been organised for the children, however if you would prefer to send a packed lunch with your child please do so, ensuring that it is healthy. Children should wear their full school uniform and weather appropriate shoes and outerwear, so keep an eye on the weather forecast! No spending money should be brought on the trip.

To help cover the cost of the coach and entry ticket we ask that you make a voluntary contribution of £10 which will need to be paid via your child’s ParentPay account. If insufficient contributions are paid, then the visit will regretfully have to be cancelled.

Please fill in the permission slip attached return by **Friday 9th March**. Should you have any queries, please do not hesitate to speak to me or Miss Begum.

Many thanks

Susannah Walsh

Otter Class Teacher

**Consent Form**

 I consent to my son / daughter\*…………………………………………................................... (Name in full)

taking part in the educational visit to be held on Wednesday 28th March to Barleylands Farm.

I confirm that he/she\* is medically fit to participate.

I have paid my £10 contribution via ParentPay. Yes No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* delete as appropriate*

Please give details of:

1. Any current medical condition/any medication being taken:

…………………………………………...................................................................................................…

..………………………………………………………..........................................................…………………………

1. Any other relevant information which may affect his/her participation in the visit (including allergy or dietary requirements)

……………………………………………..................................................................................................…

..………………………………………………………..........................................................…………………………..

1. Emergency contact numbers:

Home: Work:

Mobile: Other:

I accept the established code of conduct for the educational visit and agree to the arrangements relating to my son/daughter returning home from the visit due to unforeseen circumstances.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed ……………………………………………… (Parent/Carer)

Date …………………..................................