Mrs D L Thompson Head Teacher

9th October 2019

Year 5 Trip to Kenilworth Castle

Dear Parent/Guardian,

We have organised a trip to Kenilworth Castle on Friday 15th November 2019 during school time. The cost of this trip will be £11.80.

The trip will support the work that we are looking at during our topic 'Castles: Why would someone build a castle here?'

We will leave school at 9.00 a.m. and return by 3.15 p.m. The children should wear their school uniform. Please make sure your child is in appropriate footwear for the weather and that they have a waterproof coat with them – as it is in November, it may be wet and cold. The children will not need to bring any money.

If you are providing your child with a packed lunch this needs to be brought in a named disposable plastic bag.

If you have ordered a hot lunch via Kingswood Catering in advance for this day please ensure it is either changed for a packed lunch or cancelled completely via Kingswood Catering no later than Wednesday 6th November 2019.

Unfortunately, if we do not receive enough voluntary contributions we will have no alternative but to cancel the trip.

Please return the slip, the attached form and any voluntary contribution to school by Friday 25th October 2019.

You can pay by cash, cheque or School Money. Any cheques should be made payable to 'St Andrew's CEVA Primary School'.

Yours sincerely,

A.Eason M.Holmes

Miss Eason & Ms Holmes Year 5 Class Teachers

Year 5 Trip to Kenilworth Castle		
Child's Name:		
*I give/*do not give permission for my child to go to Kenilworth Castle on Friday 15 th November 2019		
 *I enclose a voluntary contribution of £11.80/*I have paid the voluntary contribution via School Money 		
*I have ordered a packed lunch via Kingswood/*I will provide my child with a packed lunch		
I enclose completed and signed 2 page Medical & Contact Form		
*please delete as appropriate		
Signed Date		
Print Name		



St. Andrew's CEVA Primary School Ecton Brook Road Ecton Brook Northampton NN3 5EN

Tel: 01604 406486

Mrs D L Thompson Head Teacher

Parental Consent for a School Visit Details of visit to: Kenilworth Castle From (date/time) 15th November 2019 15th November 2019 To (date/time) I agree to.....(name) taking part in this visit and have read the accompanying information provided. I agree to my child participating in the activities described, and I will explain to my child that I expect them to behave in accordance with the school behaviour policy/contract, to wear a seatbelt whilst using motor transport when fitted and abide at all times with safety instructions. Medical information about your child a) Any medical conditions requiring medical treatment, including the administration of medication? YES/NO If yes, please give details: b) Please give details of other medical conditions that may need monitoring by staff during the visit and/or whilst engaged in activities below; (e.g. Allergies) c) Please give details of any dietary requirements below; d) Has your child ever been immunised against tetanus? Yes/No. If Yes date of last injection..... If your child has recently been exposed to an infectious disease, or had a recent illness or accident requiring medical attention they should be examined by a Doctor and a letter stating their fitness to participate obtained.

Emergency Contacts		
Parents		
Name		
Address		
Work Telephone		
Home Telephone		
Mobile Telephone		
An alternative emergency contact		
Name		
Relationship to child		
Address		
Work		
Home		
Mobile		
Family Doctor Details		
Name		
Address		
Telephone		
I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.		
I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit. A copy of the risk assessment for this trip can be obtained on the school website.		
Signed	Date	
Full Name (capitals) This form is based on detail from the DfES document, Health and Safety of pupils on Educational Visits.		