



Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'

Head Teacher Mrs. J. Bayliss



Monday 22nd April 2024

Dear parents/carers,

On **Tuesday 2nd July 2024**, we would like to celebrate our topic of 'Seasides' by taking the children to visit Weston Super-Mare. The cost of the trip will include:



- A coach journey to and from school
- A sectioned off part of the beach
- Buckets and spades
- An ice-cream
- A donkey ride.



We will be leaving school at 8am and returning by 6pm. Therefore, your child would need to be in school at 7.45am please.

When we arrive at Weston Super-Mare we will do a range of lovely seaside activities. We will be taking balls and beach games for children to enjoy, building sandcastles on the beach, visiting the pier and enjoying a lovely picnic and ice cream hopefully in the sunshine. There may be an opportunity to paddle in the shallow sea water up to their ankles. **Please send a towel to dry their feet.**

Your child will need to wear weather appropriate clothes and suitable footwear. Please ensure they have a coat and that sun cream is applied prior to the trip in case of hot, sunny weather. A maximum of £5 spending money can be sent in a named purse or envelope on the day.

Your child will need to take a packed lunch including two drinks please. You will receive a text asking whether you want school to provide a packed lunch, reply YES or NO to the text before 4pm on **Friday 14th June 2024** for this to be organised. If you do not reply by this date, you will need to send a packed lunch from home.

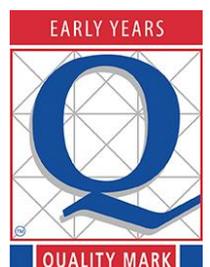
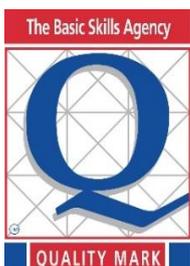
The total cost of the trip is £21. We are asking for a voluntary contribution of £21 to cover the cost of the trip. You can pay in full or in small installments. Please login to 'Parent pay' to pay your first deposit of **£5 by Friday 24th May 2024**. We will need all the monies in by **Friday 21st June 2024**. Thank you.

Unfortunately, if we do not receive enough interest or enough payments, we will have to cancel the trip.

Yours sincerely

Hadley R H Smith

Mrs. Hadley and Mrs. Hine-Smith.
Year 1 class teachers



SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

Sept 2018

Data Protection Act, 2018

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation. The School will retain the information in this form in line with its retention policy. If there is an accident or near miss on a visit, the form will be kept until your child reaches the age of 25. If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

School/Group:	BURNT TREE PRIMARY SCHOOL
Visit to:	Weston Super Mare
Date and times:	Tuesday 2nd July 2024 between 8am and 6pm
I consent to:	

(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund. Outdoor, offsite and adventurous activities carry a degree of risk. It is essential that you, as parents, take responsibility for disclosing ALL medical and other information that might impact on your child's safety.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc? Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks, including sickness & diarrhoea? Yes No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin, aspirin, plasters etc Yes No

If yes please give details:

Has your son/daughter had any serious medical condition or injury, including broken bones or dislocations, in the last few years that we should know about? Yes No

If yes please give details:

Has your son/daughter been immunised against tetanus?

Yes No

Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

I will inform the Visit Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

Ev:

Mob:

Home Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day

Ev:

Mob:

Address:

Declaration

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.