



# Burnt Tree Primary School

Hill Rd, Tividale, Oldbury, B69 2LN

Tel 0121 557 2967

'Where everyone matters'

Head Teacher Mrs. J. Bayliss



Friday 26th April 2024

Dear Parents/Carers

In July, Year 6 will be visiting Barmouth as their end of year trip. This will be a wonderful opportunity for the children to celebrate the end of their time at Burnt Tree and spend a day at the seaside.

The trip will take place on **Thursday 11<sup>th</sup> July 2024**. We will travel by coach, departing from school at 7:45am and returning by 7pm. During the day, the children will have the chance to experience all that the British seaside has to offer. They will spend time on the beach, which will include paddling their feet in the sea. They will also have the opportunity to visit the amusement arcades and the small funfair.



Children can wear their own clothes and are advised to bring a towel to use when sitting on the beach and to dry their feet after paddling in the sea. If children wish to visit the arcades, funfair or purchase an ice cream, they will need to bring spending money with them. The rides at the funfair range from £2.50- £4.00 and ice creams range from £3-£4.

Included in the cost of the trip, is a chip shop lunch; however, due to the length of time we will be away from school, children may wish to bring additional food and snacks for the day. All children will need a water bottle and an additional drink. **If your child is entitled to free school meals, you will receive a text asking if you would like school to provide a packed lunch. Please reply to this text indicating 'YES' or 'NO' along with your child's name, no later than 4pm on 14<sup>th</sup> June for it to be ordered from the school kitchen.**

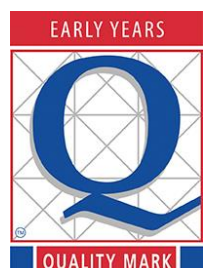
This trip is an additional experience that we believe will be a great opportunity for our children to visit the seaside and it is not compulsory for your child to attend. If your child does not attend, school will be open as normal. The cost of the trip is **£21.00** (transport and lunch) to be paid through Parentpay. We ask that you pay a **£5** non-refundable deposit by **Friday 24<sup>th</sup> May** in order to get coaches booked and secure the place. The full balance must be paid by **Friday 28<sup>th</sup> June**.

Please complete the attached specific consent form and return it to school by **14<sup>th</sup> June 2024**.

Kind regards,

*M Brazier*    *E Griffiths*    *C Cotton*

Mr M Brazier, Miss E Griffiths, Miss C Cotton





# 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:	<b>BURNT TREE PRIMARY SCHOOL</b>
Visit to:	<b>Barmouth</b>
Date and times:	<b>Thursday 11.07.24 between 7.45am and 7pm</b>
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:

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Has your son/daughter been immunised  
against tetanus?

Yes ☐

No ☐

Date of last injection:

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Please outline any dietary needs or food allergies:

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Name of child's doctor:

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Address:

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Post code:

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Tel no:

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**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:

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Ev:

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Mob:

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Home Address:

--

***Alternative Emergency Contact***

Name

--

Relationship:

--

Tel: Day

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Eve:

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Mob:

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Address:

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**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:

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(Parent/Guardian)

Print Name:

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Date:

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