



Burnt Tree Primary School
Hill Rd, Tividale, Oldbury, B69 2LN
Tel 0121 557 2967 Fax 0121 522 4980



Head Teacher Mrs. J. Evans

Monday 9th October 2017

Dear Parents and Carers,

As part of our history lessons, we are looking at the history of our local area as a result we thought that it would be a great idea to go to a local museum to find out more. On Wednesday 29th November, Year 3 will have the opportunity to go to the Black Country Living Museum. We will leave school at 9.30am and arrive back at school for about 3pm ready for the end of our school day at 3.30pm.

Children will be expected to wear school uniform but with an appropriate coat and footwear for winter. This is due to the fact that at times we will be walking around the museum's village and between venues for our activities where there is little shelter. Children will also need to bring a packed lunch unless they are entitled to a school meal.

The cost of this trip is £12.50 per child, this includes the transport to and from the museum, as well as a Victorian classroom experience and the opportunity to have a guided tour in the museum's mine. I hope that you would agree with me that this is a fantastic opportunity for your child to experience and learn about local history at this fabulous museum.

Please complete all the attached forms fully and promptly return them to school.

Kind regards,

Miss Morris

I would like my child _____, to go on the trip to the Black Country Living Museum on Wednesday 29th November. I have attached the medical form and a contribution of £12.50.

Parent/Carer signature: _____

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

Data Protection Act, 1998

The information that you supply on this form will be used by the Local Authority for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Local Authority Service Areas.

School/Group:	Burnt Tree Primary School
Visit to:	Black Country Living Museum
Date and times:	Wednesday 29 th November 9.30am – 2.30pm
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.

(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes periods of remote supervision or travel in a private vehicle, parents should be asked for their permission for this)

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment? 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? Yes No

If yes please give details:

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

If yes please give details:

Has your son/daughter had any serious medical condition in the last few years that we should know about? Yes No

If yes please give details:

[Empty box for details]

Has your son/daughter been immunised against tetanus?

Yes No

Date of last injection:

[Empty box for date of last injection]

Please outline any dietary needs or food allergies:

[Empty box for dietary needs or food allergies]

Name of child's doctor:

[Empty box for name of child's doctor]

Address:

[Empty box for address]

Post code:

[Empty box for post code]

Tel no:

[Empty box for 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:

[Empty box for day number]

Ev:

[Empty box for evening number]

Mob:

[Empty box for mobile number]

Home Address:

[Empty box for home address]

Alternative Emergency Contact

Name

[Empty box for name]

Relationship:

[Empty box for relationship]

Tel: Day

[Empty box for day tel]

Ev:

[Empty box for evening tel]

Mob:

[Empty box for mobile tel]

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:

[Empty box for signature]

(Parent/Guardian)

Print Name:

[Empty box for print name]

Date:

[Empty box for date]

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

This form should be taken on the visit by the Visit Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File.