



Chestnut Lane School

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Headteacher: Christine Plimsaul Cert Ed NPQH

13 October 2016

Dear Parents

Year 2 trip to Amersham Free Church

In Year Two we have been spending time this half term learning about different religious places. We have also discussed the meaning of 'reflection' and thought about how we can use this to make us even better learners.

We would like to combine this learning with our celebrations of the Harvest Festival by visiting Amersham Free Church during the morning of **Wednesday 19th October**. We will back in school for lunch. During our visit we would like to take Harvest donations to support the Church's work with Chesham Food Bank. We will also be using our newly acquired art skills to produce sketches from inside the Church.

We hope that this opportunity will provide the children with a better understanding of how religious places support the local community, as well as allowing them to consider reflection in a quiet and calm environment.

Please note that we would like the children to wear their school uniform on the day, rather than their PE kits, and they will need suitable shoes for walking and a coat in case of rain.

Please complete the permission slip below and the attached consent form and return them to school by Monday 17th October 2016 at the latest.

Thank you,
Miss Salter & Miss Hildreth

Dear Class teacher,

I give permission for _____ (child's name) to attend Amersham Free Church during the morning of Wednesday 19th October 2016.

Signed _____ Date _____

Print name _____





PARENTAL CONSENT FOR A SCHOOL VISIT

School/Group: Chestnut Lane Infant School

Pupil's name: Date of birth

Visit to: **AMERSHAM FREE CHURCH, AMERSHAM**

On the morning of 19 October 2016

1. I agree to (Name) taking part in this visit and have read the information sheet. I agree to’s participation in the activities described. I acknowledge the need for to behave responsibly.
2. **Medical information about your child**
 - a. Any conditions requiring medical treatment? YES/NO
If YES, please give brief details:
.....
.....
 - b. Please outline any medication your child may be given if necessary e.g. asthma inhalers, epi-pens etc
.....
.....
.....
3. Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:
.....
.....
4. When was the last time your child received a tetanus injection?
.....

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 journey.

Signed: **Date:**

Full name (capitals):

Contact telephone numbers:

I may be contacted by telephoning the following numbers:

Work: Home:.....

Home address:

If I am not available at above, please contact:

Name:..... Tel No:.....

Address:

Name and address of family doctor:

Name: Tel No:

Address:.....

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.