



Chestnut Lane School

18 April 2018

Dear Parents

Early Years Trip to Bekonscot Model Village

On Wednesday, 9th May we have arranged for Little Chestnuts and Reception to visit Bekonscot Model Village in Beaconsfield. We will be looking at a range of buildings which links to our topic 'Let's Go Lego?' The trip is being paid for through School Fund.

The children will need to be in school for **8.40am** for registration as the coaches (Motts Coaches) will leave promptly. We will return to school by 3.05pm.

Children must come into school wearing school uniform and bring a waterproof coat as the Model Village is an outdoor venue. You can choose to provide your child with a disposable lunch or order a packed lunch (that is disposable) from Dolce. (Please see the slip below.)

If the weather is forecast to be sunny, please ensure that your child comes to school with a sun hat and with sun cream applied.

Please fill out and return the attached consent form, together with the slip below, and return it to the school office by **Thursday 26th April**. It is important that you return the attached form to show that you have given permission for your child to go on the trip.

We look forward to a great day!

The Early Years Team

To School Office: Bekonscot Model Village Trip on Wednesday, 9th May

I will provide a packed (disposable) lunch for my child

Yes, I would like my child to have a packed lunch provided by Dolce.

The packed lunch will consist of a bottle of water, a sandwich, a piece of fruit, cucumber and carrot batons and a piece of cake or biscuit.

Please choose ONE sandwich option:

Cheese Tuna Chicken salad

Child's Name **Class**

Parent's Signature

PARENTAL CONSENT FOR A SCHOOL VISIT

Chestnut Lane Infant School



Pupil's name: Date of birth

Visit to: **Bekonscot Model Village, Beaconsfield** From: **9am 09/05/2018** to: **3pm on 09/05/2018**

1. I agree to (Name) taking part in this visit and have read the attached letter. I agree to 's participation in the activities described. I acknowledge the need forto 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:.....

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.