



Chestnut Lane School

Chestnut Lane School
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Headteacher: Christine Plimsaul Cert Ed NPQH

31 January 2018

Dear Parents

Year 2 Trip to Tring Natural History Museum

On Tuesday, 13 March we have arranged for Year Two to visit Tring Natural History Museum. We will be looking at a range of galleries, including *Rainforest and Ice Age*; where children will have the chance to explore animals and their habitats. The trip is being paid for through School Fund.

The children will need to be in school for **8.30am** for registration as the coaches (Naughtons) will leave promptly. We will return to school by 3.05pm.

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

Please fill out and return the attached consent form (with the slip below if you would like a packed lunch) to the school office by Friday, 9 February.

It is important that you return the attached form to show that you have given permission for your child(ren) to go on the trip.

We look forward to a great day!

Miss Begum and Miss Sasson

To School Office: Tring Natural History Museum on Tuesday, 13 March

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

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**

Parents Signature

PARENTAL CONSENT FOR A SCHOOL VISIT

Chestnut Lane Infant School



Pupil's name: Date of birth

Visit to: **Tring Natural History Museum, Tring** From: **9am 13/03/18** to: **3pm on 13/03/18**

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.