



Chestnut Lane School
11th November 2016

Chestnut Lane School
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Amersham
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Headteacher: Christine Plimsaul Cert Ed NPQH

Dear Parents

Year 1 Trip to Mop End

On Tuesday, 6 December we have arranged for Year One to visit Mop End. We will be exploring the woods and discussing seasonal changes to recap learning in Science. Children will have the chance to understand the difference between deciduous and evergreen trees as well as discover how animals and plants survive in the Winter. 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 (Angel Executive Travel) will leave promptly. We will return to school by 2.45pm.

Children must come into school wearing school uniform **and** bring a waterproof coat with a hat. Wellingtons, scarfs and gloves **should** be worn because children will be outside. Please leave book bags and additional belongings at home. 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.)

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, 25 November. ***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 Holt

To School Office: Mop End on Tuesday, 6 December

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**

Parents Signature

PARENTAL CONSENT FOR A SCHOOL VISIT

School/Group: Chestnut Lane Infant School

Pupil's name: Date of birth

Visit to: **Mop End, Amersham**

From: **9am 06/12/16 to: 2.45pm on 06/12/16**

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 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.