



Dear Parent/Carer,

On **Monday 18th July**, Year 1 will be visiting Bridlington for our seaside trip. All the children are very excited about this. We will be leaving school at 9:00 prompt and returning for 4:30pm approx. The cost of the trip is £13 per child to be paid on Arbor. As with all school trips, if we do not receive sufficient money the trip will not be allowed to go ahead.

Your child will need a bag that they can carry themselves containing:

- a sun hat
- a hand towel
- any bucket/spade/beach toys
- sun cream
- a drink

Please clearly label all clothes, towels and toys. We had a lot of lost property on our last trip. Children can come dressed in clothes suitable for playing on the beach - shorts, t shirt and a jumper is recommended.

If you know your child gets travel sick, please make sure they take travel sickness tablets in the morning and let a member of staff know so that they can be appropriately positioned on the coaches. If your child will require a tablet for the return journey, could you please make sure that it is put in a sealed envelope with your child's name on and the time it needs to be taken. This must then be handed to the class teacher.

Whilst we will not be swimming in the sea we do allow the children to paddle in small, supervised groups.

School will provide all children with a packed lunch on this day unless you inform us otherwise on the reply slip below.

Please fill in and return the parental consent questionnaire attached.

If you have any questions, please do not hesitate to speak to a member of the team.

Kind regards,
The Year 1 Team

I give consent for my child _____ Class _____
to attend Bridlington on Monday 18th July 2022.

I have paid £13 on Arbor

I will be providing my child with a packed lunch

Signed _____ Date _____

PARENTAL CONSENT FOR AN EDUCATIONAL VISIT
(to be distributed with an information sheet giving full details to the visit)

Group: Year 1

1. Details of visit to: Bridlington Beach, North Yorkshire

Date: Monday 18th July 2022

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, including medication? YES/NO
If YES, please give brief details:

- b. Please outline special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

- c. Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

d. When did your son/daughter last have a tetanus injection?

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitation of the insurance cover provided.

Contact telephone numbers:

Work: _____ Home: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone Number: _____

Address: _____

Name of family doctor: _____ Telephone Number: _____

Address: _____

Signed: _____ Date: _____

Full Name (capitals): _____

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