



September 2021

Dear Parent/Carer,

**Year 6 visit to the 1940's Experience, Lincolnsfields Children's Centre, Bushey – Wednesday 24<sup>th</sup> and Thursday 25<sup>th</sup> November**

As part of our Autumn learning journey about World at War, we have arranged an exciting venue to visit with our Year 6 pupils so they will experience life during wartime Britain. The children will be guided around the site by centre staff and teachers from TMA. The immersive experiences include:

The Blitz, including realistic Anderson shelters and air raids drills; a trip inside a 1940's school room; what life was like in a 1940's house; learning how citizens adapted to home life and V for Victory gardening; the museum with genuine wartime artefacts

In order for the trip to take place, we ask for a contribution of **£20.60** per child. Payments should be made using Parentpay portal. **The deadline for payment is MONDAY, 27<sup>th</sup> SEPTEMBER**

***If we do not receive sufficient funds by this date, it will result in the cancellation of the visit as we are unable to cover the costs involved.***

The visit will take place on the following dates:

Wednesday, 24th November – Pupils in 6LJ/DI, 6SB/RC and 6SP/SG will visit the centre.

Thursday, 25<sup>th</sup> November – Pupils in 6TR, 6SS and 6DS will visit the centre.

Pupils need to be in school at 7.45am in order for us to complete the register before boarding coaches and leaving school at 8:15am. We aim to arrive back at school at 4pm. Please collect your child from the slope upon arrival. Should there be a significant delay due to traffic, we will post updates via our Facebook and school website.

Pupils need to be in school uniform with a warm coat – the buildings are not heated and, from previous experience, we know that it can be very cold! Pupils can wear trainers. Please supply your child with a packed lunch in a named carrier bag. Your child will not need any spending money.

Please complete the permission form below and return it, along with the medical permission form, to your child's class teacher.

Yours sincerely,

D. Ismail

Deborah Ismail (Year 6 teacher)

**Year 6 visit to the 1940's Experience, Lincolnsfields Children's Centre**

CHILD'S NAME:..... YEAR 6 CLASS:.....

I give permission for my child to visit The Lincolnsfield Centre YES NO

Payment made online (transaction no.....)

My child is in receipt of free school dinners and would like a school packed lunch provided YES NO

(If you have answered YES, please CIRCLE the sandwich filling that your child would like:

CHEESE

HAM

# Medical consent form

**DAY TRIP TO LINCOLNSFIELD CENTRE**

**DATE OF TRIP .....**

**CHILD'S NAME.....CLASS.....**

**EMERGENCY CONTACT NO.....**

**2<sup>nd</sup> EMERGENCY CONTACT NO.....**

Does your son/daughter have a medical condition/or allergy.	Yes <input type="radio"/>	No <input type="radio"/>
If yes, Please give details: Continue on a separate sheet if necessary.		
Does your child have an inhaler?	Yes <input type="radio"/>	No <input type="radio"/>

**I confirm that my child has been prescribed an inhaler for Asthma, or has a reliever for another medical condition.**

I authorise the Matron/First Aider of Two Mile Ash School to administer the School's Emergency Salbutamol Inhaler to my child should their inhaler become unavailable during the visit.	Yes <input type="radio"/>	No <input type="radio"/>
Does your child have an Adrenaline Auto-Injector (AAI)	Yes <input type="radio"/>	No <input type="radio"/>

**I confirm that my child has been prescribed an Adrenaline Auto-Injector (AAI) for Anaphylaxis.**

I authorise the Matron/First Aider of Two Mile Ash School to administer the School's Emergency Adrenaline Auto-Injector to my child should their (AAI) become unavailable, damaged or expired during the visit.	Yes <input type="radio"/>	No <input type="radio"/>
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**SCHOOL PARACETAMOL & PIRITON WILL BE PROVIDED FOR THE VISIT FOR EMERGENCY USE ONLY**

Permission to administer SCHOOL PARACETAMOL if required                      Yes                       No

Permission to administer SCHOOL PIRITON if required                                      Yes                                       No

**Continue to page 2**

**MEDICAL CONSENT DECLARATION**

I agree that if my son/daughter urgently requires medical treatment and it is not possible to contact you or the other emergency contact, a member of staff is authorised to give consent on my behalf.

I agree to my son/daughter receiving medication as instructed in an emergency including emergency medical treatment as considered by the Medical Authorities.

- |                     |                           |                          |
|---------------------|---------------------------|--------------------------|
| •Surgical Treatment | Yes <input type="radio"/> | No <input type="radio"/> |
| •Anesthetic         | Yes <input type="radio"/> | No <input type="radio"/> |
| •Blood Transfusion  | Yes <input type="radio"/> | No <input type="radio"/> |

Name of Doctor's Surgery \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Carer) Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT INFORMATION**

**MEDICATION WHICH IS ADMINISTERED TO YOUR CHILD DURING THE SCHOOL DAY WILL CONTINUE AS NORMAL**

If your child requires **TRAVEL SICKNESS TABLETS** to be administered for the return journey, it is essential you complete the **medical authorisation** form below.

All medication **MUST** be in the original packaging and clearly marked with your child's name and sent in to Matron at least one day prior to the trip. **All medication MUST be handed to Matron or a Staff member due to Health and Safety legislation with the exception of inhalers.**

**AUTHORISATION FOR MEDICATION**

Name of Medication.....

Dosage .....

Time Required.....Frequency.....

Signed: \_\_\_\_\_ (Parent/Carer) Print Name: \_\_\_\_\_

Date: \_\_\_\_\_