Dear Parent / Carer,

**Visit to Drayton Manor Park – Wednesday 6th July 2022**

We would like to celebrate Year 6’s achievements in SATs this year by giving them a few extra fond memories of their time with us before they leave TMA at the end of this year. As part of the celebration activities, therefore, we have organised a reward in the form of a day visit to Drayton Manor Park on Wednesday 6th July.

Drayton Manor Park has numerous rides, activities and an ‘Animal Kingdom’, which would appeal to our children. All in all, we expect to enjoy a great day out.

**Organisation details for the day are as follows:**

The children will be required to come to school early - to arrive for 7:40am on that day -wearing their TMA uniform, TMA School Leavers Hoody and trainers. Children will also need to bring a day bag, packed lunch, a drink, a waterproof coat and sun protection cream, depending on the weather! There is a gift shop, café and ice-cream stall at the park. Consequently, children may wish to bring some spending money as well; we would like to set an upper limit of £10.00.

Please note that our pupils will be allowed to explore the park without an adult accompanying them at all times but are expected to be in a friendship group of no less than 3 pupils. Staff will be circulating the park at all times checking in on groups, however, the children will be shown the meeting point before being allowed to go off independently. This meeting point is manned at all times by staff.

We will leave school at 8:00 am and return by approximately 5:00pm, travelling by coach. If we are delayed as a result of traffic problems, the school will be informed and updates will be placed on the school website and social media feeds.

We are happy to offer a subsidised price (due to our Year 6 fundraising this year). We require a full payment of **£20.50** per child which covers the cost of the entrance to the park, transport and insurance, a copy of which is available to read at the school. **This visit will not take place is insufficient funds are received.** Should you not wish your child to take part in this day visit, please indicate below; alternative arrangements will be made for them in school.

You can make payment for this visit through ParentPay: **Payment deadline Tuesday 31st May**

If you would like your child to take part, please complete the reply slip overleaf and return it to school by **Friday 8th June** indicating that you have used our on-line payment portal to make the payment with the payment reference number.

Please also complete and return the attached forms

**\*\*Please note that if we feel that your child’s behaviour has not been of a continually high standard in the run up to this visit, we reserve the right to withdrawn them. \*\***

Yours sincerely

**Tom Ruffett**

Tom Ruffett

**Head of Year 6**

**Drayton Manor Park – Wednesday 6th July 2022**

**DEADLINE: Friday 8th June PERMISSION SLIP and MEDICAL FORM**

Child’s name: …………………………………………………. Class:…..…….Date:…………..

I wish my child to have a place on the visit to Drayton Manor Park and have paid the sum of £20.50

Paid On-line Transaction Code …………………………………….

If your child is currently in receipt of a free school meal and wishes to receive a packed lunch for this visit, please select from the options below:

Ham sandwich Cheese sandwich

I do not wish my child to take part in the above day visit and therefore stay in school.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/carer)

**Medical consent form**

**DEADLINE: Friday 8th June for this form to be returned to your child’s class teacher**

**DAY TRIP TO: Drayton Manor DATE OF TRIP 6/7/22**

**CHILD’S NAME………………………………………………………………………………….CLASS……………………………………**

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

**2nd EMERGENCY CONTACT NO…………………………………………………………….**

**If your child qualifies for a free school lunch, would you like one provided.**  Yes ⃝ No ⃝

A packed lunch of Ham or Cheese will be provided, please indicate:-

Ham **.**  Yes ⃝ Cheese **.**  Yes ⃝

|  |  |
| --- | --- |
| Does your son/daughter have a medical condition/or allergy. | Yes ⃝ No ⃝ |
| If yes, Please give details: Continue on a separate sheet if necessary. | |
| **Does your child have an inhaler?** | Yes ⃝ No ⃝ |

**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 ⃝ No ⃝ |
| **Does your child have an Adrenaline Auto-Injector (AAI)** | Yes ⃝ No ⃝ |

**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 ⃝ No ⃝ |

**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 ⃝ No ⃝
* **Anesthetic** Yes ⃝ No ⃝
* **Blood Transfusion** Yes ⃝ No ⃝

**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, i**t 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.**

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**AUTHORISATION FOR MEDICATION**

**Name of Medication……………………………………………………………………………………………………………………….**

**Dosage ……………………………………………………………………………………………………………………………………………**

**Time Required……………………………………………………Frequency…………………………………………………………..**

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

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