



Dear Parent/Carer,

Friday 26<sup>th</sup> January 2024

**Year 4 Science visit to Tring Museum – Tuesday 26<sup>th</sup> and Wednesday 27<sup>th</sup> March 2024**

To compliment our Spring science topic on Animals including Humans, we have arranged a visit to Tring Museum in Hertfordshire. The children will be guided around the site by centre staff and teachers from TMA with a workshop and activities to complete, all designed to give a more practical support to the delivery of our curriculum.

<https://www.nhm.ac.uk/visit/tring.html>

**In order for the trip to take place, we ask for a contribution of £8.25 per child. Payments should be made using Parentpay portal. The deadline for payment is 25<sup>th</sup> February 2024 9.00am.**

***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:

**Tuesday 26<sup>th</sup> March** – Pupils in 4AS, 4MS and half of 4KN will visit the centre (KN dates to be notified once bookings complete)

**Wednesday, 27<sup>th</sup> March** – Pupils in 4PM, 4EV and half of 4KN will visit the centre.

Pupils need to be in full school uniform (no PE kit) at normal time in order for us to complete the register before boarding coaches and leaving school at 9am. 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.

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

Yours sincerely,

A. Shirley

Mr Shirley – Head of Year 4

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If your child is in receipt of free school dinners and you would like a school packed lunch provided, please email [Finance@tma.bucks.sch.uk](mailto:Finance@tma.bucks.sch.uk) by **25<sup>th</sup> February 2024** with one of the following options:

**CHEESE**

**TURKEY**

**TUNA MAYO**

## Medical consent form

**TRING MUSEUM**

**DATE OF VISIT TUES 26<sup>TH</sup> / WED 27<sup>TH</sup> (please circle)**

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

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### 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
- Anesthetic
- Blood Transfusion

Yes   
Yes   
Yes

No   
No   
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**, 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: \_\_\_\_\_