



08 February 2018

Dear Parent/Carer

### **Year 1 Trip to Warwick Castle**

On Thursday 22 March we will be taking our Year 1 pupils to Warwick Castle.

The cost of this trip is £19.50 per child. We are asking for a contribution of £10.50 per child to help cover the cost of the travel and entry to the castle.

Pupils must arrive to school by 8:20 am ready for coach to depart at 8:35 am the primary gate will be open for you to bring your child to school in time for departure. Full school uniform must be worn. There will be no need to bring any spending money as we will be in activities and we will not be visiting the gift shop.

As you are aware, all our year 1 students are entitled to free school meals, therefore a packed lunch for each child will be provided by the Academy.

The coach will depart from Warwick at 2:15pm to arrive back to school at approximately 3:30pm.

Preferred method of payment would be through Parent Pay. Please see the office if you do not have details of how to log in to this. You may send money in an envelope with your child's name and class on it and give this to the class teacher with the consent form.

Please complete and return the attached consent form as soon as possible.

Yours sincerely

*L Kinsella*

Mrs L Kinsella  
KS1 Co-ordinator

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# PARENTAL CONSENT FORM FOR A SCHOOL VISIT

**School Group:** Year 1

**Destination:** Warwick Castle

**From: Date/Time:**  
Thursday 22 March 8.35 am

**To: Date/Time:**  
Thursday 22 March 3.30 pm

I agree to my child .....  
taking part in this visit and have read the information sheet. I agree to his/her  
participation in the activities described.

## 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 any 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:

## 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 consider necessary by the medical authorities present.  
I understand the extent and limitations of the insurance cover provided.

## Contact Telephone Numbers

Home:

Work:

Home Address:

Alternative emergency contact  
Telephone number:  
Name & Address:

Name of family doctor:  
Telephone number:  
Address:

Signed: \_\_\_\_\_ Legal Parent/Guardian Dated: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_