



Egginton Primary School

Visit to

Chatsworth House

Date of visit: 12th July 2018

Whole School Trip

Dear Parents and Guardians,

Purpose of the visit	To support and further our Summer term topic 'This is Us' by looking at the role of Chatsworth House in Derbyshire history.
Lunch	A packed lunch will be required. No glass bottles or fizzy drinks. If your child is eligible for a free school lunch and you wish to have a lunch provided, please indicate on the slip provided.
Clothes	School uniform, a waterproof coat, water bottle, sunhats and sun cream will be required for this trip.
Medication and travel sickness tablets	If your child takes travel sickness medication, please ensure that the required medication is given to the class teacher on the day of the trip. Any other medication should also be handed to the class teacher.
Pocket money	No pocket money will be required for this trip
Timing	The coach will leave school at 9.05am and arrive back at school at approximately 3.15pm.
Coach	Harpur's Coaches
Insurance	We are covered by Local Authority insurance.

I am sure you are all aware that school budgets are very tight and that it is necessary to ask for funding for extra curricular visits. We do try to keep costs to a minimum and aim to provide real value for money. On this occasion, we would ask for a contribution of £10.00 per child. Please speak to your child's class teacher as soon as possible if you have any difficulty with payment.

Please return the slip to school by Tuesday 3rd July 2018.

Yours sincerely,

Mr Kitching

Please complete the following consent form and return by 3rd July 2018

Name of child _____

I agree to him/her taking part in this visit and have read the information sheet.

I agree to their participation in the activities described.

I acknowledge the need for him/her to behave responsibly.

I enclose a voluntary contribution of £..... per child. (Cash/ cheques made payable to Egginton Primary School)

My child is in KS1 and is therefore eligible for a free school lunch. I wish my child to have a free school lunch provided (yes/no)*

Emergency contacts during the period of the trip:

Name Telephone

Name Telephone

Medical Information

Name of family doctor _____ Telephone number _____

Address _____

Medical conditions _____

My child has been prescribed an inhaler by his/her Doctor and I agree to him/her having it in his/her possession for this trip*.

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 medical authorities present. I understand the extent and limitations of the insurance cover provided.

I confirm that my child is in good health and I consider that he/she is fit enough to participate. I will inform school of any changes in medical condition before the trip.

In the event of my child needing to return early from the trip due to ill health or behaviour issues, I understand that I may be expected to arrange for them to be collected and pay any costs incurred.

Signed Parent/Guardian

* Please delete as appropriate