

Darnhall Primary School
Sandyhill Road
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Cheshire
CW7 1JL



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Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.
Assistant Headteacher: Natasha Mulholland B.A Hons

27th September 2018



Dear Parents and Carers,

On Thursday 25th October we have arranged for Kaleidoscope class to have a special visit to the RSPCA at Stapeley Grange.

The visit will include hands on practical activities, including forest activities and the children can view animals through the Hospital window and visit the cats in the Cattery.

There will be no cost for this trip. The children will travel by minibus and will leave school at approximately 9.15am and return for lunch at approximately 12.30pm. The children should wear their normal school uniform.

Please complete and return the attached reply slip and Form C as soon as possible.

Kind regards

Mrs C Chappell

Kaleidoscope Class Teacher



www.darnhall.cheshire.sch.uk

admin@darnhall.cheshire.sch.uk



RSPCA TRIP Thursday 25th October 2018

I give permission for to take part in the above named trip.

I enclose the completed Form C

Signed Date.....



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FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class KALEIDOSCOPE

Details of visit to: RSPCA STAPELEY GRANGE
Date of visit: THURSDAY 25th OCTOBER 2018

Leaving School at: 9:15am
Arriving back at school at: 12:30pm

I agree to my child taking part in this visit

I have read the information sheet I agree to 's participating in the activities described.

I acknowledge the need for to behave responsibly throughout the visit.

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 food or other allergies and special dietary requirements of your child:

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c) Any recent illness or accident staff should be aware of?

.....

d) When did your son/daughter last have a tetanus injection:

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

Emergency contact telephone number for the day of the visit:

Name of Contact:

Work: Home

Signed..... Date.....

Full Name [capitals]



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