St. John's Church of England Primary School and Nursery

Laund Nook, Belper, Derbyshire DE56 1GY, 01773 822995
www.stjohnsbelper.co.uk
info@st-johnscofe.derbyshire.sch.uk
Headteacher Mr. R. Averis B.Sc. P.G.C.E. N.P.Q.H.

Monday 2nd December 2024

Dear Parents / Carers,

Visit to - Wildlife Discovery Room, Carsington Water	
Date of Visit - Tuesday 28th January 2025	Year Group - 4

Purpose of the visit	This is fantastic opportunity for the children to learn about the water cycle and bring their knowledge together from their new project.
Lunch	The children will need to take a packed lunch, clearly labelled. Please could this be packed in a rucksack type of bag, which they will be able to carry on their backs and still have their arms free. No fizzy drinks or glass containers. Also, please do not send nuts or nut-related items (e.g. peanut butter).
Clothes	School uniform should be worn with sensible shoes. A water proof coat is needed.
Medication	Children should carry their own inhalers, if appropriate. If your child needs any other medication please discuss this with a member of staff.
Sickness tablets	If your child needs a travel tablet for the coach journey please give it at an appropriate time before we depart at 9:30am. If your child needs a tablet for the return journey, please hand this to the Class teacher on Tuesday 28th January in a clearly marked envelope, also stating the time it needs to be taken.
Pocket money	None required.
Timing	We will leave school at 9:30am and anticipate arriving back at school at approximately 3pm.
Coach	The coach company we will be using is Linburg. There are seat belts on the coach.
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. This means that on this occasion we would ask for a contribution of £16.50 per child. Please speak to Mrs Higgs, Mrs Horwood or Mr Averis as soon as possible if this is a problem.

Payments should be made on ParentPay. When you log into your ParentPay account, you will find a payment item specifically for this trip where you can complete the consent, enter some additional information that we need and pay your contribution. If you need any help, please don't hesitate to contact the school office.

If you would like your child to take part in this visit please complete the consent form on ParentPay and return the attached medical form to school by Monday 6th January 2025.

Personal information provided will be used for the purposes of lunch provision, contacting you and provision of appropriate medical care for your child, if necessary, whilst on this trip. Relevant information only will be shared with other school staff, trip venue/provider staff and medical authorities, if necessary. The class teacher will take this form on the trip and it will be destroyed on their return. A copy will be retained in the school office in accordance with data retention guidelines.

By completing the trip consent on ParentPay and the medical form, you are also consenting to personal information being used for the purpose described above. Please note you have the right to withdraw this consent at any time and you can do this by contacting the school office.

Yours sincerely,
Mrs Higgs and Mrs Horwood

For more information on how St John's CofE Primary School and Nursery uses data we hold about you, how long we keep it and your rights relating to it, e.g. to have it corrected, erased, restricted, transferred or to see your records go to our website at http://www.stjohnsbelper.co.uk/policies/ or contact School Business Manager, Mrs Millington, through the school office.

St. John's Church of England Primary School and Nursery

In addition to completing the consent on ParentPay, parents or carers need to return this page to school by the date shown on the school trip letter.

Trip: Year 4 - Wildlife Discovery Room, Carsington Water – Tuesday 28th January 2025

Name of child . . . . . .

Medical conditions . . . . . .

☐ Please tick this box if your child has an inhaler and that you will make sure that they have it with them on the day of the school trip to carry with them at all times.

☐ Please tick this box if you agree that they may be given medication and any emergency medical treatment advised by hospital staff.

Date of last tetanus injection . . . . . .

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.

Signed: …….. (Parent / Carer)

PRINT NAME: …… Date: ……