

5th June 2024

Dear Parent/Carer

RE: 'Drayton Manor Reward Trip – Friday 21st June 2024

Your child is invited to join us to celebrate their achievements this year at Drayton Manor.

We will leave school by coach at 9.00 am and be back around 5.00pm. We have subsidised this trip so there is no cost to students. Due to the nature of the trip students will be required to wear comfortable clothes. In addition, they may need a coat or additional jumper and depending on the weather, sun cream may also be required.

We will be travelling by coach. If your child is entitled to a free school meal, they will be able to collect a packed lunch from the canteen before we leave. Please identify on the consent form if your child requires a packed lunch. If your child is not entitled to a free school meal, they must bring a **packed lunch** with them. In addition, it is advisable to bring sufficient drinks for the day. Pupils will be able to purchase food and drink from the venue. Please note, students will not be permitted to eat on the coach.

Consent:

Staff in charge of the party will take all reasonable care of the students, they cannot necessarily be held responsible for any loss, damage or injury suffered to students arising during, or out of, the school visit. **By returning the consent form for this trip you are agreeing to give permission for the staff in charge to act in loco parentis if medical treatment is required. Without the consent letter returned, your child will not be able to attend this event.**

If your child has any medical and/or dietary requirements please ensure this is detailed on the consent form. Any child that requires medication, e.g. asthma inhaler / epipen, it is essential that they bring these on the day.

If you have any queries, please do not hesitate to contact the school on 0121 475 3881 or myself directly using; p.lowe@bournville.fmat.co.uk

Yours faithfully,



Mr P Lowe
KS4 Progress Leader

Consent Form

I give consent for (student name)to attend Drayton Manor on Friday 21st June, 2024. I can also confirm:

- To the best of my knowledge, my child is medically fit to take part in the activities planned.
- I give my consent to any emergency treatment necessary during the visit. If not, please give details of reasons, and what we should do.

Emergency contact 1. details for the day:

Name.....

Contact number.....

Relationship to child.....

Emergency contact 2. details for the day:

Name.....

Contact number.....

Relationship to child.....

Please tick how the student will be getting home at the end of the day (approx. 5:00pm)

Collection by parent/carer: ☐

Collection by other: ☐

Can make their own way home: ☐

My child has the following medical conditions:

.....
.....
.....

My child has the following food allergies/dietary requirements (**Free School Meals Only**)

.....
.....
.....

Signed..... Name.....

Date.....