

Darnhall Primary School  
Sandyhill Road  
WINSFORD  
Cheshire  
CW7 1JL



Telephone: (01606) 593315

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

26th April 2019

Dear Parents and Carers,

### WORLD MUSEUM LIVERPOOL

On Thursday 2nd May, Rowan class are going to the World Museum in Liverpool. We will be travelling by coach and we will be departing school at 9.00am and returning for 3.00pm.

The children will have a great time exploring all the different interesting sections of the Museum

There will be no cost to Parents for this trip.

Your child will require a packed lunch from home or the school catering team can provide a Cat Bag for £2.50 payable via ParentPay (free of charge if your child is on Free School Meals).



Children do not need to take any spending money.

We hope all the children will be able to attend this wonderful trip as it promises to be very exciting.

Please complete and return the reply slip and form C no later than Tuesday 30<sup>th</sup> April.

Kind regards

Miss C Lupton  
Year 5 Class Teacher

---



**WORLD MUSEUM LIVERPOOL – THURSDAY 2nd MAY 2019**

I give permission for ..... To take part in the trip.

- Please provide my child with a packed lunch from school.

**HAM OR CHEESE (please circle your choice)**

**OR**

- I will provide my child with a packed lunch from home



FORM 'C'  
PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child ..... Class .....

Details of visit to: WORLD MUSEUM LIVERPOOL

Date of visit: 2nd May 2019

Leaving School at: 9.00am

Arriving back at school by: 3.00pm

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:

.....

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

.....

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

.....

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] .....

