

Darnhall Primary School
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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

15th May 2019

Dear Parents and Carers,

CRUCIAL CREW

Our Year 6 children have been invited to attend a Crucial Crew Event on Friday 7th June at Northwich Memorial Court.

Crucial Crew is an innovative & interactive way of delivering health & well-being messages to Year 6 children in preparation for their migration to secondary school in a fun and interactive way.

We will travel to and from Northwich by coach. The children will leave school at approximately 9am and return at 11.45am.

The parental contribution for this trip is £7.50 per child payable via ParentPay.

This will be a great opportunity for our children to learn some valuable lessons that they will use throughout life.

Please complete and return the below reply slip and the attached Form C and your parental contribution no later than Friday 31st May.

Kind regards

Mrs N Mulholland and Mr H Baxendale
Year 6 Teachers

YEAR 6 CRUCIAL CREW VISIT

Child's Name _____ Class _____

I give permission for my child to attend the Crucial Crew trip on Friday 7th June and have paid my parental contribution of £7.50 via ParentPay.

Signed: _____ Date _____



FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class

Details of visit to: **CRUCIAL CREW EVENT IN NORTHWICH**

Date of visit: **Friday 7th June 2019**

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

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]

