

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

22nd May 2019

Dear Parents and Carers,

OVER ALLOTMENTS VISIT

On Friday 14th June a small group of Year 2 pupils will be visiting Over Allotments as we have been invited to participate in the annual Winsford Primary Scarecrow competition. The event consists of the children taking their scarecrow to the allotment site, where it will have its own plot. When the children arrive they will participate in a range of organised activities at the allotment site. This is a great opportunity for our children to find out more about their local community and be able to develop their gardening skills and knowledge.

There is no cost for the visit. The children will walk to the venue and will leave school at 9am and return by 12pm. They will need to bring their water bottle with them.

Our children will need to be in full school uniform and normal school shoes. If the weather is wet, they will need a waterproof coat. Alternatively, if the weather is sunny then they will require a sun hat and sun cream. Please complete the slip below and the attached form and return them to school before Friday 7th June.

Kind regards,

Mrs Sarah Tomlinson
Head teacher

Name of child:

I give permission for my child to take part in the Over Allotment event on 14th June 2019.

Signed: (Parent/Carer)



FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class

Details of visit to: WINSFORD ALLOTMENTS VISIT
Date of visit: Friday 14th 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]

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