

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,

HOPLEY HOUSE FARM SHOP

On **Friday 14th June 2019** Kaleidoscope class will be visiting Hopley House Farm shop for an ice cream, drink and a play.

The children will need to bring £5 cash so they can buy their own ice cream and drink in the café.

We will leave school at 9.30am and return for lunch time.

The children will travel in staff cars. High back boosters will be provided for children who fall below a certain height range that need a booster for travel.

Please send your child to school as normal on in their school uniform. Apply sun cream before school and ensure they have a cap or sunhat.

Please return the attached reply slip and form C by Monday 10th June.



Kind regards

Mrs Chappell

Resource Provision Teacher



FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class

Details of visit to: **HOPLEY HOUSE FARM SHOP**

Date of visit: **Friday 14th June 2019**

Leaving School at: 9.30am 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]

