

Darnhall Primary School
Sandyhill Road
WINSFORD
Cheshire
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

7th December 2018

Dear Parents and Carers,

On **Wednesday 12th December 2018** Kaleidoscope class will be visiting Hopley House Farm shop for breakfast. There is no cost for this visit.

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 Wednesday morning in their school uniform (they may wear a Christmas jumper if they would like to).

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

Kind regards

Mrs Chappell
Resource Provision Teacher



www.darnhall.cheshire.sch.uk

admin@darnhall.cheshire.sch.uk



HOPLEY HOUSE VISIT REPLY SLIP

CHILD _____

I give permission for my child to go to Hopley House on Wednesday 12th December for Breakfast.

PLEASE DELETE AS APPROPRIATE:

My Child does not have any food allergies or intolerances.

My child is allergic / intolerant of the following foods:



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

Name of Child Class: Kaleidoscope

Details of visit to: HOPLEY HOUSE BREAKFAST VISIT

Date of visit: 12th December 2018

Leaving School at: 9.30am

Returning to School : by 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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