

Headteacher: Sara Rider

Assistant Headteachers: Hans Ramduth, Rebecca Seaton,Rachel Mottershead & Georgina Nixon

Wednesday 9th May 2018

Dear Parent/Guardian,

On the following dates, the Year 3 classes will be visiting the Chocolate Museum in Brixton. This trip will support the work in our Topic ‘Chocolate’ next half term. We will take part in a workshop learning about the history of chocolate. We will also taste different types of chocolate and make our own chocolate.

Monday 11th June – Oak Class

Tuesday 12th June – Fir and Holly Classes

Thursday 14th June – Elm Class

Friday 15th June – Ash Class

We will be travelling by public transport. Classes will depart at 8:45am and will return to school by 3:00pm.

While on the trip your child will be representing Thames View Junior School and must wear School Uniform.

Children should bring a packed lunch from home, or you may order one by filling in the information on the bottom of the consent form.

**This trip costs £8.85, which can be paid with ParentPay, using the attached form.**

**Please fill in any relevant health and allergy information on the Consent Form and inform the class teacher of any risks involved if your child makes and eats chocolate.**

Please sign and return the consent form, if you wish your child to go on this school trip.

Consent forms and payment must be in by Thursday 7th June or your child will not be allowed to go.

Yours Sincerely,

Year 3 Teachers

Thames View Junior School - School Visits Parental Consent Form

An educational visit has been arranged to take your child’s class to the Chocolate Museum in Brixton. You are asked to complete and return this consent form in order that your child may take part in this important educational experience. It should be returned to your child’s class teacher. The cost of this trip is £8.85.

**Your child will only be allowed on the visit if we have received a signed consent form and payment.**

All trips will be subject to the general conditions set out below, unless specifically notified otherwise in writing.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish my son/daughter to be allowed to take part in the above mentioned visit and having read the attached letter, agree to his/her taking part in any or all of the activities described. I understand that while the school staff in charge of the party will take all reasonable and proper precautions for the car and safety of the children, they cannot necessarily be held responsible for any loss or damage or injury suffered by my son/daughter which occurs as a result of the visit. I agree to inform the school of any relevant medical or other special circumstances affecting my child, including any treatment required during the course of the visit and I have given these below.

Details of any relevant medical/special circumstances:

I understand that if my child should need emergency medical treatment, every effort will be made to contact me before treatment is given. If, however, this is impossible I give my consent to my child undergoing emergency medical treatment.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mr/Mrs/Miss/Ms)

 (Parent/Guardian)

Emergency Contact Numbers for the day of the visit:

**First Contact:** Tel no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second contact:** Tel no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Child does/does not have allergies

**My child would like a school packed lunch: Yes/No**

**Please circle preferred sandwich filling: ham cheese tuna**