



24th February 2017

Dear Parent/Carers

Eagles/Ospreys Trips for Spring Term 2017

Please find below details of trips and activities for the Spring Term. The school will subsidise these activities, however, a voluntary contribution per child would be appreciated. Unfortunately, due to the increase costs involved, if we do not receive enough contributions the activity will need to be cancelled.

| Activity and Date | Venue | Timing | Activity | Required Clothing | Voluntary contribution |
|---|-----------------|--|--------------|---|------------------------|
| Easter Story Tuesday 28 th March 2017 | Clapham Bedford | We will leave at 9am sharp. All children will need to be in school at 8.45am. We will be back for lunch. | Easter Story | School Uniform Waterproof coat Wellies and warm socks The children will be outside in a barn | £3.00 |

Payment by cash or cheque (payable to Great Barford Lower School) only please.

Please feel free to speak to Mrs Evans in confidence if you have any concerns regarding payment.

Please could you complete the school permission slip and return it to the school office in an envelope with your child's name, class and trip name by **Thursday 16th March**.

Yours faithfully

Mrs Collins
Class Teacher

PARENTAL CONSENT FORM

Before signing this Consent Form it is important that you understand:

- 1 That whilst the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the Authority, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit or journey, unless such loss, damage or injury results from the negligence of Bedfordshire Borough Council, its employees or official volunteers.
- 2 The extent and limitations of the insurance cover provided, the summary of the policy is available from the school office.
- 3 I agree to my child 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. In all cases every effort will be made to contact parents in the first instance so long as time allows.

Please complete the table below as applicable and return this slip to school by **Thursday 16th March**.

Having read all the information provided, I agree to my child taking part in any or all of the activities described.

| Child's Name | Activity | Date | £3.00 Voluntary contribution enclosed | Authorised Signature |
|--------------|--------------|--------------------------------|---------------------------------------|----------------------|
| | Easter Story | Tuesday 28 th March | | |

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