

Hereford Cathedral Junior School

28 Castle Street Hereford HR I 2NW

Telephone 01432 363511

www.herefordcs.com

9th June 2017

Dear Parents.

On Tuesday 20th June all of Year 2 will be going on an outing to Bristol Zoo. The cost of this trip will be £22.50 and this will be added to the school bill. We will be travelling by coach and will be leaving at 8.45 am, so all children will need to be in school for 8.30 am. This will allow time for registration and to meet the coach. We will return to school at 5.00 pm and the children should be collected from the main Junior School entrance on Castle Street.

All children are to wear their white games kit underneath their full tracksuit. If it is hot, the children will need to bring their school baseball cap; all children should bring a cagoule in case of wet weather. The children may also bring travel games such as 'Top Trump' cards to keep them amused during the journey. For those children who do not travel well, please administer travel sickness tablets beforehand and alert us to any child who is best sat near the front of the coach.

A packed lunch will be provided for those children who normally have a school lunch. All children will need a small rucksack to carry their lunch in. Please also bring a snack and drink for the morning and a water bottle if hot.

During the day the children will remain in their class groupings and will move around the zoo in the care of their class teacher and a classroom assistant. As a year group, we will meet for lunch and picnic within the grounds of the zoo. The consent form at the bottom of this letter and attached medical/contact details form will need to be completed before your child may go on this outing. If you have any queries please do not hesitate to speak to any of the Year 2 teachers.

Yours sincerely,

Liz Lord Head of Pre-Prep

3 hond.

Year 2 Outing to Bristol Zoo

(Please detach and return to your child's class teacher by Wednesday 14th June)			
give my permission for			
Signed	(Parent)		



Hereford Cathedral Junior School School Trip Contact & Consent Sheet 2016-2017

Please complete, sign and return to school as soon as possible

Pupil Name:		6	
Date of Birth:		P	
Address:			
Emergency Contact Numbers for Duration of Trip:	Name:	Mobile:	
	Daytime:	Evening:	
	Name:	Mobile:	
	Daytime:	Evening:	
Next of Kin:		Tel:	
		Tel:	
GP:	Name:	Address:	
	Tel:		
Dietary			
Requirements:			
Medical Information	Allergies:		
(If you think your child	need medication ng a trip (e.g. Piriton,		
during a trip (e.g. Piriton,			
eyedrops) please hand it to a member of staff on	Medication (Dosage and Administration):		
the day with written instructions	8		
Other relevant informa	tion:		
N.B. The school cannot b	e held responsible for problems arising o	at of existing medical conditions about which you do not	

make us aware on this form. Please update this information before we depart if any condition arises between now and then.

I agree to authorise any member of staff during the course of a trip to approve such medical treatment for my son/daughter as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner.

Please ensure that any amendments to medical and contact information during the year are given to the office. For any residential trips we will continue to issue medical forms.

Signed:	(parent/guardian)	Date: