



Hereford Cathedral Junior School
 28 Castle Street
 Hereford
 HR1 2NW
 Telephone 01432 363511
 www.herefordcs.com

5th June 2017

Reception Outing to Newbridge Farm Park

Dear Parents,

As part of our 'Living Things' topic, we have arranged for Reception to visit Newbridge Farm Park. We will be travelling by minibuses and return in time for the end of the normal school day. The trip will take place on **Wednesday 21st June 2017**.

Children should come to school dressed in full PE Kit at the usual time. Please leave caps and reading books at home. Please provide your child with a named cagoule, school sun hat and a small rucksack to carry their food. We will provide a packed lunch, snacks and drinks.

The cost of the trip is £11.00 and this will be added to your school bill. Your child may bring £3.00 in a named envelope to spend at the gift shop.

Please complete and return both the slip below and the enclosed Medical Form.

Yours sincerely,



Mrs C. Goode

Reception Outing to Newbridge Farm Park Wednesday 21st June 2017

Child's name

I give permission for my child to travel by minibus to Newbridge Farm Park on Wednesday 21st June 2017. I understand that the sum of £11.00 will be added to my school bill.

Signed Date



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

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

Pupil Name :		
Date of Birth:		
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 (If you think your child may need medication during a trip (e.g. Piriton, eyedrops) please hand it to a member of staff on the day with written instructions)	Allergies:	
	Medication (Dosage and Administration):	
Other relevant information:		

N.B. The school cannot be held responsible for problems arising out 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:**