

Wednesday 20<sup>th</sup> March 2019

Dear Parents,

**Re. Reception Trip to Pizza Express, Tuesday 2<sup>nd</sup> April**

As part of our topic on 'Food' we will be visiting Pizza Express, Hereford on Tuesday 2<sup>nd</sup> April. The visit will be during the normal school day and we will walk there. The children will make their own pizzas and learn all about how food is stored, prepared and cooked. There is no charge for this trip.

Please complete and return the slip below and the attached medical letter to me by Tuesday 26<sup>th</sup> March.

Should you have any questions regarding this trip please do not hesitate to ask me.

Yours sincerely,



Mrs C Goode

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**Reception Trip to Pizza Express, Tuesday 2<sup>nd</sup> April**

I give permission for my child \_\_\_\_\_

to walk to Pizza Express, Hereford on Tuesday 2<sup>nd</sup> April 2019.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed slip and medical form to Mrs Goode by Tuesday 26<sup>th</sup> March.**



# Hereford Cathedral Junior School

## School Trip Contact & Consent Sheet

### 2018-2019



***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:		
<b>Medical Information</b>  (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:** .....