

Tuesday 22nd January 2019

Dear Parent,

As you will be aware from the school calendar, Reception will be visiting Ascari's Café on Monday 28th January during the school day. This is an exciting opportunity for the children to experience the running of a real café and it will enhance our learning about money and help us to develop role play in the classroom. The children will be offered a milkshake and a piece of toast. They will place their own order and pay for themselves at the counter.

Please provide £1.00 in a named purse/wallet and hand to the class teacher on the day of the trip.

Please complete the attached School Trip Contact & Consent Sheet and return it to Mrs Goode with the signed consent slip by Friday 25th January.

Should you have any questions regarding this trip please do not hesitate to speak to me directly or via c.goode@herefordcs.com

Yours sincerely,



Mrs C Goode

Reception's visit to Ascari's Café - Monday 28th January

I give permission forto walk to and visit Ascari's café on Monday 28th January 2019 .

Please complete the attached School Trip Contact & Consent Sheet and return it to Mrs Goode with this signed consent slip by Friday 25th January.

Please sign Date:



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:		
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:**