**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grampound with Creed C of E School**

Fore Street, Grampound, TR2 4SB

grampoundwithcreed.secretary@celticcross.education

01726 882644 [www.grampoundwithcreedschool.co.uk](http://www.grampoundwithcreedschool.co.uk)

13th September 2019

Dear parents,

**Reception trip to Feadon Farm and Wildlife Park**

On **Thursday 17th October**, Reception children will be going on a trip to Feadon Farm and Wildlife Park, Portreath to round off our Gruffalo topic. We plan to travel to the park by minibus leaving at 9.15am. We will return to school around 2.45, in time for normal pick up. Children will need to wear school uniform, sensible shoes for walking and a waterproof coat. Please provide your child with a packed lunch and drink on this day*. If you would prefer to order a school packed lunch, then this must be ordered by Friday 11th October.*

**There is a voluntary cost of £10.00 for this trip, to cover the cost of your child’s ‘Meet the Animals’ encounter.**

Please could you complete the permission slip below and return it to school.

Kind Regards,

The EYFS team

------------------------------------------------------------------------

**GRAMPOUND WITH CREED CHURCH OF ENGLAND SCHOOL –**

 **Parental Consent Form**

This form has been produced for parents/guardians of children at Grampound with Creed Church of England School to complete with regard to visits and journeys. Please note that in signing this form your rights are not affected in any way.

Visit/Activity **Reception trip to Feadon Farm and Wildlife Park**

Date **Thursday 17th October 2019**

I wish my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be allowed to take part in the above mentioned visit/activity and, having read the information provided, agree to him/her taking part in any of the activities described.

I consent to any emergency medical treatment required by my child during the course of the visit.

I confirm that my child does not suffer from any medical condition requiring regular treatment OR my child suffers from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requiring regular treatment (e.g. diabetes, asthma). If your child suffers from a particular complaint, please give details of the complaint and its treatment on the back or this form.

I consent to my child travelling by any form of public or contracted transport.

I consent to my child travelling in a car to be driven by a parent or teacher who is suitably insured.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_