

# DRIFFIELD NORTHFIELD INFANT SCHOOL

Tel: 257487

11<sup>th</sup> April 2024



Dear Parents/Carers,

On Tuesday 21<sup>st</sup> May the Foundation children will be visiting Playdale Farm, Scarborough as part of our work on farms. We will be at the farm all day. There will be a health and safety talk before the children visit the animals. The farm also has indoor and outdoor play areas. Please note any allergies on the attached form. The school will be subsidising this trip and we are asking for a parental contribution of £10.00, please which will also include an ice lolly.

The two buses are fitted with seat belts and hired from Esk Valley will leave school at 9.00 a.m. and return at approximately 3 p.m. in time for regular collection time.

There will be 57 Foundation children taking part, accompanied by the appropriate number of adults. As in all school activities the children should respect the authority of all the adult helpers and be prepared to do as they are told.

The children will be provided with a packed lunch from school. **If you prefer to provide your own packed lunch please complete and return the slip below by Wednesday 18<sup>th</sup> April.** The children will need their school sweatshirt, sensible footwear, waterproof coat and a sun hat. If you would like your child to wear sun protection cream please apply before coming to school.

The trip has the approval of the full governing body and is covered by the ERYC Voyager Personal Accident Insurance Scheme. The staff will carry a mobile phone at all times.

If your child suffers from travel sickness or has any specific medical needs please let us know so that appropriate arrangements can be made.

Please complete the parental consent form and return to school **with the payment by Friday 10<sup>th</sup> May** ensuring that you have written your child's name at the top of the form. Please take advantage of our savings scheme to pay weekly - call at the office for more details. Please if possible send in the correct money as we do not always have change at the office, thank you.

If you have any questions on our educational visit please do not hesitate to see the visit organisers Mrs. Wainwright, Mrs. Buckton and Miss. Kelly, many thanks.

Driffield Northfield Infant School  
Foundation Stage

**I will be** providing my child ..... Class .....  
with a packed lunch from home.

Signed ..... Date .....

**To be returned by Wednesday 18<sup>th</sup> April, please.**

# DRIFFIELD NORTHFIELD INFANT SCHOOL

## **Educational Visit Parental Consent Form**

### **1. Details of Journey**

Visit to Playdale Farm Park, Scarborough

Date Tuesday 21<sup>st</sup> May 2024

Times Leaving at 9.00 a.m. returning approximately 3 p.m.

I agree to my child .....taking part in the above mentioned visit and, having read the information sheet, agree to their participation to any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on their part.

### **2. Medical Information**

- a) Does your child suffer from any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details

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.....  
.....

- b) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last three months that may be or become contagious or infectious? YES/NO

If YES, please give brief details

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.....  
.....

- c) Does your child have any allergies - for example to medication, animals or specific foods? YES/NO

If YES, please specify

.....  
.....  
.....

- d) Has your child received a tetanus injection in the last five years?  
YES/NO
- e) Please outline any special dietary requirements of your child.

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I undertake to inform the visit organiser as soon as possible of any change in the medical circumstances between the date signed and commencement of the journey.

### 3. Declaration

In an emergency I agree to my child receiving medical treatment including anaesthetic, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

I may be contacted by telephone on the following numbers:

Name .....

1<sup>st</sup> Priority number: ..... 2<sup>nd</sup> Priority Number: .....

Alternative contact: Name .....

1<sup>st</sup> Priority number: ..... 2<sup>nd</sup> Priority Number:.....

Name of Family Doctor .....

Telephone number: .....

I understand that the cost of the visit will be **£10**

To be paid in full by **Friday 10<sup>th</sup> May**

Signature of parent/guardian .....

Date .....