Permission Slip – Years 1 & 2 Date: 4th March 2020

Dear parents / carers

Trip to Williamson Art Gallery: Tuesday 24th March 2020

As part of our Art curriculum, we are going to take the children in Years 1 & 2 to the Williamson Art Gallery on Tuesday 24th March 2020 to take part in an art workshop.

Children will be travelling by bus, leaving school at 9.30 am and returning at 12.00 noon. Due to the timings, children will require a packed lunch on this day. If you would like school to provide a packed lunch, please indicate this on the reply slip below.

In order to assist with the costs of transporting children to the gallery, we would be grateful of a £3.00 voluntary contribution.

Please could you complete the slip below giving permission for your child to attend.

Yours sincerely,

Miss Rynkiewicz

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Williamson Art Gallery: Tues 24th March 2020 **£3.00 voluntary contribution**

Child's Name: …….. Class 1/2

I give permission for my child to participate in the visit to the Williamson Art Gallery.

I enclose a voluntary contribution of £3.00 ☐

I would like school to provide my child with a packed lunch YES / NO (please delete as applicable)

My child has no known medical condition (please tick as appropriate) ☐

OR

My child has the following medical conditions: ……..……..

Signed: …….. Parent/Carer Date: ……..……

PRINT NAME: ……..

Emergency Contact No. (for this trip): ……..

Declaration: I understand that the teacher in charge of the group will be acting in 'loco parentis' and in the event of an accident I agree to my child receiving emergency treatment which may include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present. I understand that the Metropolitan Borough of Wirral is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Please Note: Details disclosed on this form will be used to ensure our electronic records are up to date for future use. Should conditions change, please inform us in writing.

OFFICE USE ONLY
PAYMENT REC'D: **DATE:** **INITIALS:**