

Year 2 Trip to Ryewater on 20th June 2017

The following forms are to give you some more details about our trip and some information we need you to return to school for the well being of your child.

Trip details	<i>Ryewater Nature Reserve</i>	Date	20th June 2017
Travelling by coach			
Activities to take place	1) Bug Hunt- Ranger led activities	2) Moth Catching and Identification- Ranger led	
	3) Adventure Walk and Creative Story Ideas. –teacher led.	4) Lunch- in picnic area	
Clothing	Old clothing- trousers, t-shirt, jumper, trainers, rain coat, wellies (if wet) sunhat. Trousers must be worn to prevent being bitten by ticks. Please check your child for ticks when they return from the trip. Regular tick checks will be made throughout the day.		
Lunch arrangements	Packed lunch and drinks in usual containers or something that can be thrown away, no glass bottles and no fizzy drinks please. The children will be carrying their lunch at all times		
Bag	Backpack that is big enough to carry coat and lunch (spare clothes and wellies in separate bag)		
Pocket money	None		
Supervision	One adult to six children		

Please read the following to your child.

All children are expected to behave in a responsible manner during the trip. They must do what they have been asked to do by a responsible adult from school and stay with their allotted adult at all times. They are to be sensible, as silliness may affect not only their own safety but others they are with.



Please cut off and return information below to school BEFORE the day of the trip.

Child's name		
In an emergency I can be contacted as follows	Telephone number	Mob Number
If not available, please contact the following person		
	Telephone number	Mob Number
Our family doctor is		
Doctors telephone number		
Has your child had a tetanus injection in the last five years?	Yes / No	
Is your son/daughter currently receiving treatment for any condition?	Yes / No	
Has your son/daughter had any recent physical injury?	Yes / No	
Does your son/daughter suffer from any allergy to medication	Yes / No	
Does your son/daughter suffer from travel or motion sickness?	Yes / No	
Does your son/daughter have any other special needs relevant to the day	Yes / No	
Please state any medication that your son / daughter is currently required to take		
Consent Declaration. I, being the parent/guardian of the son/daughter named above, give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have informed the school of all medical conditions or treatments that he/she suffers from or requires to maintain health.		
Signature and Date:		Relationship to child:

