



**Plympton St Maurice Primary School**  
 Plympton Hill, Plympton, Plymouth PL7 1UB  
 01752 337427

07.05.2021

Dear Parents/Carers



Y5 Bellboating

DATE: \_\_\_\_\_

NAME OF CHILD:.....

The cost per child is: £3.00

Visit: Bellboating at Oreston Quay    Date: 14<sup>th</sup> June 2021    Time: 12:30 – 3:00

The activity is organised by the Plymouth Schools Sport Partnership. Their qualified instructors will lead this activity. We will be transporting children by coach.

The children will need: Children will need to wear their school uniform in the morning and bring old clothes and shoes to change into at lunchtime. They should wear jogging bottoms or leggings (not jeans as they hold water), a t-shirt, a lightweight jumper, old trainers and a thin waterproof jacket. They will need to have sun cream on and bring a sunhat. The children will need to bring a drinks bottle. Please ensure your child brings their inhaler with them if necessary. They may get damp or wet so it might be advisable to bring a towel in a rucksack.

If you are willing for your child to take part please pay £3.00 online and complete and return the consent form attached by 24.05.2021 . In the unlikely event that sufficient funds are not met the trip may not go ahead.

If the school makes any surplus of less than £1 per pupil, unless we hear from you to the contrary then this will be retained for the general benefit of the pupils.

If your child is poorly on the day of the school trip you may be entitled to all or part of a refund dependent on commitments of the contributions i.e. if a coach has been booked with an entry fee, then only the entry fee can be refunded.'

Yours sincerely

Mrs Baxter

- I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in any or all 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 is in good health and I consider him/her fit to participate

**SPECIAL DETAILS:** Any relevant information concerning you child's health requiring special attention but which does not prevent him or her taking part should be noted below, eg. Does your child

- suffer allergies? \_\_\_\_\_
- take medication and, if so, what is the dosage required? \_\_\_\_\_
- have diabetes, asthma or epilepsy? \_\_\_\_\_
- Has your child had any relevant recent illness? \_\_\_\_\_
- Any additional comments? \_\_\_\_\_

**DIET:** Does your child have any specified dietary requirements?

SIGNATURE OF PARENT/CARER: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER/S \_\_\_\_\_

Return this part to school

