



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

10-09-2021

Dear Parents/Carers



Year 3 trip to Kents Cavern

DATE: 8th October 2021

NAME OF CHILD:.....

The cost per child is: **£19.60 for entry, coach travel and a work shop.**

Visit: Kents Cavern

Date: Friday 8th October 2021

Time: 9.30 -15.00

The children will need: waterproof coat, sturdy shoes e.g. trainers, rucksack, school uniform, sealable water bottle, school or home packed lunch.

A school packed lunch can be provided for your child if they are entitled to a Free School Meal, you are however very welcome to supplement your child's packed lunch. If you do not require a school packed lunch, please can you mark accordingly on the consent form. If you pay for school meals, we can provide your child with a school packed lunch at the usual cost.

If you are willing for your child to take part, please pay **£19.60** online and complete and return the consent form attached by **01/10/2021**. 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.

Yours sincerely

Mr Callard

- 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 your child's health requiring special attention but which does not prevent him or her taking part should be noted below, e.g. 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?

My child WILL require a Universal/FSM packed lunch

Choice of sandwich: Ham Cheese Tuna

My child WILL NOT require a school packed lunch; they will bring one in from home.

SIGNATURE OF PARENT/CARER: _____

PLEASE PRINT YOUR NAME: _____

CONTACT TELEPHONE NUMBER/S _____

Cut and keep this part



Return this part to school