

# Moss Bury Primary School and Nursery

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Headteacher: Michael Dean

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25<sup>th</sup> April 2019

Dear Parents,

## Isle of Wight Experience 3<sup>rd</sup> to 7<sup>th</sup> June 2019 Pupil and Parent Meeting

We will be holding a pupil and parent evening for the children going on the school journey to the Isle of Wight on **Tuesday 7<sup>th</sup> May 2019**. The meeting will be at **6:00pm** in the hall and should last for approximately one hour.

The staff attending the trip and myself will be talking about the trip, the facilities, our expectations and the itinerary, and will answer any questions you may have. Please ensure you bring the children with you, they often have burning questions of their own to ask.

Please find attached the blue Parental Consent Form. This must be completed and returned to Mrs Pinner as soon as possible or by **Friday 3<sup>rd</sup> May** at the very latest; without this form your child will not be able to attend this trip. We also have to forward any dietary requirements to the organisers by this date.

Can I please remind you that any outstanding balances for this trip must be paid by **Friday 10<sup>th</sup> May 2019**. The total cost for this trip is £313.00 and for those of you that have only paid the £30.00 deposit, your balance is £283.00 (cheques made payable to Moss Bury School) and if you have signed up for the School Gateway (payments online) you will be able to use this service to make your final payments.

Yours sincerely,

Mr Henley  
**Deputy Headteacher**

<b>FORM OV 7A</b>	<b>PARENTAL CONSENT FORM</b>
<b>Establishment:</b>	
<b>Moss Bury Primary School and Nursery</b>	



**To be completed by group leader/organiser**

Visit:	The Isle of Wight Experience	
Group Leader:	Mr Henley	
Date of Visit:	From: Monday 3 <sup>rd</sup> June 2019	To: Friday 7 <sup>th</sup> June 2019
Is a photograph of participant required:	<b>No</b>	

**To be completed by the parent/adult responsible for a child/young person.**

<b>Child/Young Persons Full Name:</b>	
<b>Date of Birth:</b>	
Does the above person:	
• Have a medical condition requiring medical treatment or medication?	Y/N
• Have an allergy to certain medications?	Y/N
Is he/she able to administer his/her own medication?	Y/N
Please give details of medical condition/treatments or allergies to medications below:	
Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?	Y/N
If yes, give details:	
<b>Does he/she have any special dietary requirements?</b>	Y/N
If yes, give details:	
I wish to draw the following to the group leader attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	
<b>SWIMMING ABILITY</b> If water based activities are planned, please detail the child/young persons swimming ability below:	

<b>EMERGENCY CONTACT INFORMATION</b>		
	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day:	
	Evening:	
	Other:	
<b>FAMILY DOCTOR DETAILS</b>		
Name:		
Address:		
Telephone Numbers:		

<b>DECLARATION:</b> I have received and understood the details of the visit.	
I agree that (full name of child/young person) _____:	
<ul style="list-style-type: none"> <li>can participate in the visit and activities described;</li> <li>can be transported in the private vehicles of staff/volunteers supervising the visit;</li> <li>is in good health and fit to participate in the activities described;</li> <li>can receive medical treatment as necessary.</li> </ul>	
I undertake to inform the group leader as soon as possible of any change in medical circumstances.	
I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.	
Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	
Where required, has a passport sized photograph been attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE EMERGENCY CONTACT.**

The declaration on this form must be signed by someone with parental responsibility for the child/young person.