

# Alderman Pounder Infant and Nursery School

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Head Teacher: Miss J. Hemsley



26<sup>th</sup> September 2018

Dear Parents/Carers

To help reinforce our learning around our 'Can one person change the world?' topic the Key Stage 1 classes are going on a trip to the **Space Centre** ([www.spacecentre.co.uk](http://www.spacecentre.co.uk)) on **Thursday 8<sup>th</sup> November 2018**.

It is a **full day** visit. We will be having a packed lunch in the middle of the day. Because we offer Universal Free School meals to every pupil, the school will provide a healthy picnic meal for every child. However, you may prefer to send your child with their own packed lunch. Please do not send fizzy drinks or chocolate bars. Kindly indicate your preference on the slip below to allow the kitchen to order and prepare the correct number of meals.

We will be travelling to and from the Space Centre by bus. The bus **will** be fitted with seatbelts. The children **will** need to wear their **school uniform**. The children will **not** need to bring any spending money.

We do limit our offsite visits to help minimize costs. We are requesting a voluntary contribution of **£15.00** per child to help cover the transport and entrance costs. Although the contribution is voluntary, if we do not receive adequate payments, we will have to cancel the trip. In case of financial difficulty, please speak to your child's teacher in confidence.

**Please complete and sign the consent form below, complete the attached EV4 form and return it with your contribution in an envelope with your child's name on it to the school office by Friday 5<sup>th</sup> October 2018.**  
**Unless we have the completed forms, your child will not be able to take part in the visit.**

To ensure pupil safety each class will need several additional adults to help on the day. If you would like to volunteer please indicate on the form below and / or see your child's class teacher.

Thank you, The Key Stage 1 Team.

X-----

**RETURN BY FRIDAY 5<sup>th</sup> October 2018      KS1 TRIP TO THE SPACE CENTRE**

1. I give permission for my child: ..... class: .....  
to go to the **Space Centre on Thursday 8<sup>th</sup> November 2018**.
2. I enclose £15.00 cash (correct money only)   
I enclose £15.00 cheque made payable to Alderman Pounder Infant School
3. I enclose the completed EV4 form
4. My child would like a school packed lunch  I will provide a packed lunch for my child
5. I would like to volunteer to accompany the visit: Yes  No

Signed: .....Parent/Carer full name (capitals): .....







Nottinghamshire  
County Council

**Confidential Parental Consent Form**  
(to be distributed with full details of the visit)

**1. Consent for participation in the visit**

Visit to: \_\_\_\_\_

Date(s)/Times: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

I agree to my son/daughter \_\_\_\_\_ (name) taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities\* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for participants to be transported in staff vehicles.

\* If there are any activities in which your child cannot participate, please give details:

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader  
YES/NO/NOT APPLICABLE

If water activities are involved, is your child confident in water? YES/NO/NOT APPLICABLE

**2. Medical information, declarations and consent**

a) Son/daughter's date of birth : \_\_\_\_\_

b) Does your son/daughter suffer from any conditions of which the Visit Leader should be aware: YES/NO  
If YES, please give details of anything the leader needs to know about to safely care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc:

I give my consent \*\* for a member of staff to administer the above medication which I will deliver to the visit leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent \*\* for son/daughter to self-administer the above drugs.

\*\* delete if not applicable

Visit Guidance - Children, Families and Cultural Services

d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious? :  
**YES/NO**  
If YES, please give brief details.

e) Is your son/daughter allergic to any medication: YES/NO  
If YES, please specify.

f) When did your son/daughter last receive a tetanus injection?

g) Please outline any special dietary requirements of your child:

h) I undertake to inform the visit leader as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

**3. Contact numbers**

a) I may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

My home address is: \_\_\_\_\_  
\_\_\_\_\_

b) If I am not available, please contact:

Name: \_\_\_\_\_ Telephone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

c) Name, address and telephone number of family doctor: \_\_\_\_\_  
\_\_\_\_\_

4. Any other relevant information (Please provide NHS number if known and/or home postcode so that medical records can be found quickly on hospital systems if this became necessary).

**5. Signature**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

These details should be available to the emergency contact for the visit.  
A copy of this form should be taken by leader on the visit