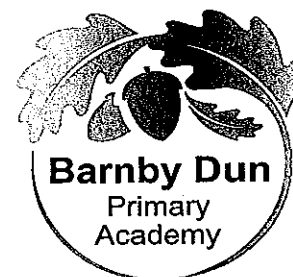


Barnby Dun Primary Academy

Headteacher: Miss C Robinson

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Growing & Learning Together

25th October 2019

Dear Parent(s)/Carer(s),

As part of our spring topic exploring the Victorians we have made a booking for the Armadillo, Giraffe and Elephant classes to visit York Castle Museum, to take part in an educational activity day which will give them the opportunity to learn about the Victorian era and bring the topic to life. The children will take part in two workshops 'Victorian Classroom' and 'Shops and Streets' alongside a tour of the museum.

This trip will take place on Thursday 31st January 2019.

To enhance both workshop experiences we would like the children to come dressed as Victorian children (please see overleaf for costume ideas). Children will need to wear a warm waterproof coat and comfortable footwear as we will be walking between the coach drop off point and the venue (trainers are ideal).

To ensure we make the most of the day and arrive in time for our first workshop we will be leaving school at 8am. Children need to arrive at school for 7.45am. We will be returning to school for around 4.15pm. On the day the school text messaging system will be used to keep you informed of any changes to this time.

The trip will take place during the school day therefore your child will require a packed lunch. If you wish to order a school packed lunch, you must inform the office by Friday 18th January 2019 even if your child is in receipt of free school meals.

The cost of this trip is £17. This covers travel, entry into museum, two museum led workshops and insurance.

Please complete in full the attached consent/medical form and return to school. Payment for this trip needs to be made online through the schools pay portal, ParentPay (in line with the schools policy, cash payments cannot be accepted).



Doncaster Metropolitan Borough Council
Charter Mark for Inclusion



Please return the form to school and make payment through ParentPay by Monday 3rd December 2018.

To enable staff to plan the visit, ensure safe staffing ratios and complete the required risk assessment, pupils whose forms and payment have not been received by Monday 3rd December will be unable to go on the trip and they will have to remain in school on the day of the trip.

If you have any questions, including any financial queries, please do not hesitate to contact the school office who will be able to help you.

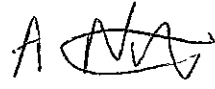
Kind Regards,



Mrs Croft
Educational Visits Leader



Mrs Walker
Year 3 / 4 Teachers



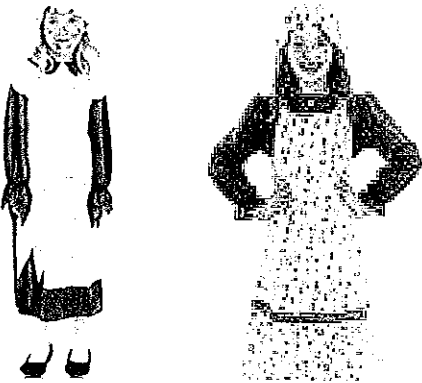
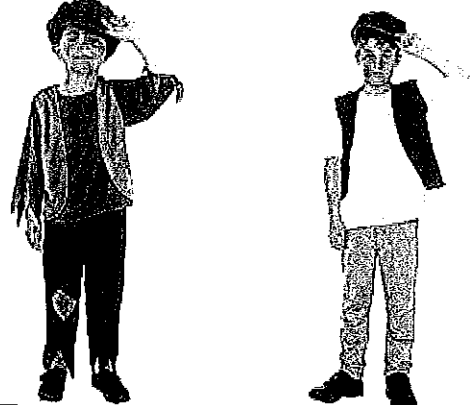
Miss Nettleton



Miss Metcalfe

Victorian Costume Ideas

To further enhance the children's experience on the trip, we ask that they come dressed as Victorian children. There is no expectation for parents to buy a costume for the day. We have put together a few ideas of what a costume for a Victorian girl or boy might include.

Victorian Girl	Victorian Boy
	
<ul style="list-style-type: none"> *Dark coloured dress with white pinafore apron *Dark coloured long sleeve top with a floral print dress *Filly white hat 	<ul style="list-style-type: none"> *Dark coloured trousers with/without patches, frayed or torn bottoms. *Dark coloured long top / white or dark coloured t-shirt or white shirt *Waistcoat *Flat cap

The weather can be cold in January, please ensure your child will be warm enough in their costume. If needed add extra layers underneath such as a thermal vest.



DCMI: Day Visit/Out of Hours Consent & Medical Information Form (Version 1.1 2016)

This form must be signed by the parent/guardian/carer (unless the participant is over 16 years of age and living independently, in which case they should complete and sign themselves). Please return to the Visit Leader in advance of departure.

Details of Visit (To be completed by establishment.)

Title of Visit:	Year 3 + 4 Visit to Castle Museum York		
Date(s):	Thursday 31st January 2019	<input type="checkbox"/> This is a rolling programme of visits	
Nature of Visit:	Curriculum Enrichment - Victorian Topic		
Location:	York.	Time of Return:	4.15 pm

Details of Participant

Name:	Date of Birth:
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Parent/Carer/Guardian Contact Details During Visit

Name(s):	Contact Details: (Mobile & Landline)
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Medical/Behaviour Information (Please answer Yes or No to each statement by deleting as appropriate.)

Has the participant any anxieties, medical (including historical), behavioural or other condition?	Yes / No	
If you have answered 'Yes' to the above or wish to provide more information, please provide details below or attach additional information:		
Does the participant suffer from travel sickness?	Yes / No	If you have answered 'Yes' please speak to your child's class teacher or the visit leader.
When did the participant last have a tetanus injection?	Date:	If not known tick here <input type="checkbox"/>
Do you consider the participant to be physically and medically fit to participate in this visit?		Yes / No

Swimming and Water Confidence (Please answer Yes or No by deleting as appropriate.)

It may not be necessary for participants to be able to swim on a visit or activity, but for some visits, they may need to be water confident. Please indicate their ability and confidence.	Water confident?	Yes / No
	Able to swim at least 25 metres?	Yes / No

Medical Treatment Whilst Participating in the Visit (Please answer Yes or No by deleting as appropriate.)

Participants sometimes need treatment for minor ailments e.g. headaches, insect bites, cuts/grazes etc. If deemed necessary, do you give permission for establishment staff to treat such ailments with the following 'over the counter' products: paracetamol, antiseptic cream, antiseptic wipes, insect bite antihistamine, suncream, plasters?	Yes/No
If you have answered 'No' to the above, Please state clearly below which of the products listed above you do not wish the participant to be given (or if other alternatives are acceptable or preferred instead):	

Consent

I have received full information about the visit, understand the nature of the visit and consent to the participant engaging in all of the activities described. I understand that the visit may be changed by the Visit Leader due to weather or other reasons. I understand and accept that there is some level of risk in every activity, but that all reasonable measures will be taken to minimize the risks involved and I will ensure that the participant understands that they must behave responsibly at all times and follow instructions during the visit. I fully understand to where and at what time my young person is to be returning from the visit and that I am responsible for the collection of my young person from this point.

I agree to the participant receiving medication as instructed above. I also agree to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities if it has not been possible to be contacted. (Please delete and initial any of the above you do **not** wish to give consent to).

The information I have provided in this form is accurate at the time of signing and I have not knowingly withheld any information regarding physical fitness, medical issues or any other anxieties or pre-existing conditions. I agree to inform the visit leader as soon as possible of any changes between now and the start of the visit. In line with data protection guidelines, the information contained on this form will be kept with the visit leader and the designated link person at the establishment for the duration of the visit for emergency purposes.

Name of Parent/Guardian/Carer:	Signature:
Relationship to Participant:	Date: