



HIMBLETON CE FIRST SCHOOL AND NURSERY  
NEIGHT HILL  
HIMBLETON  
DROITWICH  
WORCS  
WR9 7LE  
Telephone: 01905 391231  
www.himbleton.worcs.sch.uk  
EXECUTIVE HEADTEACHER: Mr S Payne

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8<sup>th</sup> March 2019

To: Parents of children in KS1

Dear Parents

To support our current topic work, on **Wednesday 20<sup>th</sup> March** children in KS1 will be visiting Avoncroft Museum. We will be accompanied by Mrs Griffiths & Mrs Manns.

We will spend the day looking at the historic buildings and we will also be taking part in a construction workshop.

We will be travelling by coach and will be off the school premises for most of the school day. Children will need to wear school uniform, including a cap. As our weather can be unpredictable, a waterproof coat is essential.

If you wish us to provide a packed lunch, please order on the Aspen's website no later than Monday 16<sup>th</sup> March. You need to choose either ham or cheese sandwich (tuna and egg are not options for packed lunches). Alternatively, please send a packed lunch from home, in a small named rucksack.

We will return to school for the end of the school day.

There is no charge for this visit. It will be paid for from monies raised by The Friends of Himbleton School.

In order for your child to take part, please complete the attached School Visit Information Form return to the School office by **Thursday 14<sup>th</sup> March latest**

Yours sincerely

Mrs P White  
**KS1 Teacher**

**Himbleton CE First School  
KS1 visit to Avoncroft Museum  
Wednesday 20<sup>th</sup> March**

Name of Child.....

I give permission for my child to take part in the visit to Avoncroft Museum on Wednesday 20<sup>th</sup> March. I understand this involves travelling by coach (which has lap restraining belts).

**School Visit Information:**

<b>Contact address and telephone number during visit</b>	
<b>If your child suffers from any medical problem or disability which may affect him or her during the visit please give details</b>	
If your child will be taking any medication give details here (this includes travel sickness pills)	
<b>Does your child suffer from travel sickness?</b>	

**Medical Consent**

I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic, and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

If you have any other information concerning your child, please contact School and supply written details.

**This form must be completed and returned by Thursday 14<sup>th</sup> March before your child will be allowed to participate in this event.**

Signed ..... Dated .....  
(Parent/Guardian)