

1st November 2018

Dear Parent/Guardian

On Monday 26th November, Year 5 will be visiting Truro Cathedral and the Royal Cornwall Museum in Truro as part of their Tudor topic work.

The morning session will take place in Truro Cathedral. The children will explore the city and architecture in the city centre, then walk to the Royal Cornwall Museum for lunch and the afternoon session. The afternoon session consists of a Tudor workshop, which takes place from 12.45 pm until 2.45 pm.

The children will travel by coach with Mr Taylor and Mrs Sturtridge accompanying them. The coach will leave school at 9.00 am, so please ensure your child is at school promptly, allowing us time to register, etc. We will return to school at around 3.45 pm (traffic permitting).

A voluntary contribution of £5.00 is requested which will help towards the cost of transport and entrance to the museum, this can be paid via ParentPay. Please complete the consent form attached and return it to school as soon as possible if you are willing for your child to attend this trip.

Please can we ask children to come in uniform, including their Bugle School sweatshirt, fleece or blazer if they have one. Children will need to bring a packed lunch and drink. If your child is entitled to free school meals a packed lunch will be provided by the school.

Yours sincerely

Mr D Taylor
Class Teacher

BUGLE CP SCHOOL

PARENTAL CONSENT FORM

This form has been produced for parents/guardians of young people to complete with regard to visits and journeys and gives the necessary authority to the school to take your child on the visit. PLEASE NOTE that in signing this form your rights are not affected in any way.

School Bugle School
Visit/Activity Year 5 Trip to RCM, Truro
Date Monday 26th November

I wish my son/daughter
to be allowed to take part in the above mentioned visit and, having read the information provided, agree to him/her taking part in the activities described.

1. I consent to any emergency medical treatment required by my child during the course of the visit.
2. I confirm that my child does not suffer from any medical condition requiring regular treatment **OR** my child suffers from
requiring regular treatment (eg diabetes, asthma). **(Delete as appropriate).**
If your child suffers from a particular complaint, please enclose a letter giving details of the complaint and its treatment.
3. I consent to my child travelling in by coach/car/minibus.

Signature of Parent/Guardian Date

Name of Parent/Guardian

Address

.....

Tel No

Mobile Number

There is in force a policy of insurance in respect of this trip, which provides cover for the matters referred to below.

The Local Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.

If your child has an accident or suffers loss or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the LA, its employees or agents, the LA will not be able to pay any damages or meet any expenses arising.

Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property the LA will not be responsible for this unless it can be shown to be at fault in some way.