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Headteacher: Peter M Howard BA (Hons), NPQH
Chair of Governors: Mrs Steph Thurston

September 2019

Year 3 Autumn 1 Trips

Dear Parents and Carers,

This term, in Year 3, the children will be learning to compare urban and rural areas. They will be looking at the similarities and differences between these and studying the physical and human features found at each of these places.

To support the children's learning, we will be taking them on a walk around Lordshill on **Tuesday 17th September** during the afternoon. We will also be going on a trip to the New Forest on **Friday 4th October** for the full school day, where the children will spend time exploring the New Forest looking at how it compares to where they live.

For the trip to the New Forest, your child is not required to wear school uniform but please make sure that they are wearing long trousers and a long sleeved top. It is also important that your child has clothes suitable for the weather forecast as we will be outside all day. Please provide your child with a packed lunch as normal. If your child receives a free school meal, a packed lunch will be provided for them, please indicate below.

The cost of the trip is £5.50. However, the school is paying £2.50 towards each child's costs so we are asking parents for a contribution of **£3.00**. Money can be paid to the school office in the usual manner. We ask that cash payments are placed in an envelope that is clearly marked with your child's name and class. You may, of course, also pay online through www.fjsslive.net. Please also return the permission slip and please declare on the attached medical form any information regarding any known **medical conditions**. We must have this form completed, signed and returned.

If you are able to help with either of these trips, please indicate below.

Kind regards,







Laura Milford Anna Ward Lloyd Viney Sarah Harley Becky Shepherd

Year 3 Trips (Autumn 1) Reply Slip

Child's name: **Class:**

I give permission for my child to walk around Lordshill on **Tuesday 17th September** and visit the New Forest on **Friday 4th October**. I enclose a contribution of £3.00.

I am able to help on the walk around Lordshill

I am able to help out on the trip to the New Forest

I am eligible for Free School meals and would my child to like a lunch on 4th October

Signature: **Date:**



Educational visit information and consent form (please complete both sides)

Name of establishment : **FAIRISLE JUNIOR SCHOOL**

Personal details

First name of participant Surname.....

Date of birth Age Tick if aged 18 or over male /female

Address

..... Post code

Name of next of kin

Next of kin address during the activity (if different from above)

..... Post code

Contact No: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for this visit or venture

The visit or venture to Date of visit

I confirm that I have parental responsibility for

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated and consent to him/her taking part in the programme detailed in your letter.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed

Please print name here.....

Address

..... Post code

Any additional information required:

Educational visit information and medical form (please complete both sides)

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe Headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details:

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If it is considered necessary, do you agree to mild painkillers (eg Paracetamol) being administered? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either Their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

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.....

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed (for participants under 18 years of age)
Person with parental responsibility

Please print name here

Signed (for participants aged 18 years or over)
Participant

Date

Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child/me being taken, I consent to them being used for educational purposes. Yes No

I understand that if my child is/I am easily identifiable (eg a close facial shot) I will be informed first.

I consent to the images being used on the website Yes No

Signed (for participants under 18 years of age)
Person with parental responsibility

Signed (for participants aged 18 years or over)
Participant

Date

All personal data supplied to us on this form is subject to the provisions of the Data Protection Act 1998.