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**Ladock C of E School**

Ladock, Truro, TR2 4PL

ladock.secretary@celticcross.education

01726 882622 [www.ladock.cornwall.sch.co.uk](http://www.ladock.cornwall.sch.co.uk)

28th March 2018

Dear Parent/Carer

**Blaise Class Trip to the Eden Project**

Wednesday 18th April **– first Wednesday back after Easter**

As the ‘launch’ of our immersive curriculum project – Where does our food come from? – next term, Blaise class will be visiting the Eden project on Wednesday 18th April leaving at 9.30am. We will not be leaving Eden until 3pm so will be back late at approximately 3.30pm.

Children will need their school jumper, but may wear their own clothes, suitable for walking and exploring the biomes. A waterproof and comfy footwear are essential. Your child will need a packed lunch and water bottle. We will be travelling to Eden by bus and will take part in a workshop led by Eden staff in the afternoon, both of which we will have to pay for. We do ask for a parental contribution **of £11.80** per child paid via parentpay. (Please do come and speak to either Mr Stoyles or Mrs Stevenson if this is problematic for you). We will not be visiting the shop, so your child will not need any extra spending money.

If your child takes medication or an inhaler, this needs to be brought with them.

**If you would like your child to take part in this trip, please sign and return the form overleaf as soon as possible.**

**We must have received your permission by Tuesday 17th April**

**LADOCK CHURCH OF ENGLAND SCHOOL**

**Parental Consent Form**

This form has been produced for parents/guardians of children at Ladock Church of England School 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.

Visit/Activity: **Blaise class trip to the Eden Project**

Date: **Wednesday 18th April 2018**

I wish my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be allowed to take part in the above mentioned visit/activity and, having read the information provided, agree to him/her taking part in any of the activities described.

I consent to any emergency medical treatment required by my child during the course of the visit.

I confirm that my child does not suffer from any medical condition requiring regular treatment OR my child suffers from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requiring regular treatment (e.g. diabetes, asthma). If your child suffers from a particular complaint, please give details of the complaint and its treatment on the back or this form.

I consent to my child travelling by any form of public or contracted transport.

I consent to my child travelling in a car to be driven by a parent or teacher who is suitably insured.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please pay voluntary contributions via parentpay.