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Ladock C of E School Ladock Truro Cornwall TR2 4PL ldsecretary@stpiranscross.co.uk 12th September 2017

Dear Parents/Guardians

Ladock Wood Trip

On Monday 25th September, Cuby Class are going to visit Ladock Woods to explore and find signs of Autumn. This is part of our topic 'If you go down to the woods today, what do you think you will find...?'

If the weather is dry then we will be staying for a 'teddy bear's picnic' lunch and returning to school at around 1pm. Children may bring a small teddy bear to join them at the picnic!

Please provide your child with a packed lunch, including a drink. If your child would usually have a school dinner on this day then a school packed lunch can be provided and will needed to be ordered by **Monday 18th September**. Lunch bags will be left on the mini bus while we explore the woods. In the event of rain, we will return to school to eat lunch.

Your child will need to come to school dressed in home clothes suitable for the weather and a woodland walk but will need to wear a school jumper/cardigan over the top. They will also need to wear trainers or wellies depending on the weather.

The children will be driven to the woods by mini bus or car. If your child requires a booster seat you will need to let us know and provide one on the day. Please check the statutory guidance (available online) if you are unsure.

Please complete the attached consent form if you are happy for your child to take part in this activity and return to the office by Monday 18^{th} September.

We do need parent volunteers in order to run this trip. If you are willing to help, please let us know below.

Kin	id regards,				
Mr	s Hayes and M	rs Rimmer			
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		LADOCK CHURCH O	OF ENGLAND SCHOO	DL - Parental Consent I	Form
					ool to complete with regard to visits
		ote that in signing this form your	rights are not affected in	n any way.	
		Local Woods Trip			
Dat	e 1	Monday 25 th September 2017			
					oned visit/activity and, having read
		ed, agree to him/her taking part ir	•		
	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 chil					
from requiring regular treatment (e.g. diabetes, asthma). If your 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.				
4.	I consent to my c	hild travelling in a car to be drive	n by a parent or teacher	who is suitably insured.	
Sign	nature of Parent/Gu	ardian	Γ	Oate	
Tele	ephone Numbers: H	Iome	Work	Othe	r















