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**Ladock C of E School**

Ladock, Truro, TR2 4PL

ladock.secretary@celticcross.education

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

Dear Parents / Carers,

This term Ladoca class are taking part in an exciting topic: baking.

Due to popular support before the holidays, the children have made the decision to bake this term. We are planning to cook a wide range of delights and have some special activities planned. One such activity even involves volunteers coming into school to bake with us!

As we always try and link our learning with communities around the world, and as we are focusing our baking topic on world hunger, we are hoping to visit Shelter Box in Truro. This trip is designed to show your child what happens when people, from all around the world, are in desperate need of the very basics. Food and shelter are amongst those basic requirements to live a happy and healthy existence.

We have arranged for two minibuses to take us to Shelter Box on the morning on **January 30th**. On this date, we will leave school at 9:30am and arrive in Truro at 10am. After an hour and a half of learning, we will depart at 11:30am and arrive back at school in time for lunch at 12pm.

Your child will therefore be able to book a school dinner if they wish to.

Due to the cost of the activity being free, we will not be asking for a donation on this occasion. However, please complete the attached permission form and return it to the school office or Ladoca classroom.

Thank you, once again, for your ongoing support.

Kind Regards,

Mr A Cornish

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**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. Please note that in signing this form your rights are not affected in any way.

**Visit/Activity Ladoca class trip to Shelterbox**

**Date Wednesday 30th January 2019**

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.

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 (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.
3. I consent to my child travelling by any form of public or contracted transport.
4. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_