**Ladock C of E School**

Ladock, Truro, TR2 4PL

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17th January 2019

Dear Parents

**Life skills Day – Thursday 7th February 2019**

On Thursday 7th February, our Year 5 pupils have been invited to a Life skills event at the The Long Gallery, New County Hall in HHall Truro. Children will need to be in their school uniform, and will need a packed lunch and a drink. Girls are advised to wear trousers to the event as there will be some practical work with some stations.

Children will be driven to New County Hall by Mrs Gilbert in the MAT mini-bus, they will be leaving school at around 12.00 and returning at around 3.30pm.

If you are happy for your child to take part in this trip, could you please sign and return the attached consent form.

Thank you.

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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 Years 5 Life skills Day**

**Date Thursday 7th February 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_