



# Bonneygrove Primary School

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Headteacher: Mrs Amanda Gable MA

## 'Broadening Horizons'

5<sup>th</sup> May 2021

Dear Parents and Carers

On Monday 21<sup>st</sup> June, Year 6 will be going to Herts Young Mariners Base. Your children will be professionally supported to canoe, climb and kayak.

Please arrange for your child to arrive at the Mariners Base at 9.15am, 231, Windmill Lane, Cheshunt, Herts, EN8 9AJ, then to be collected at 2.30pm.

Please make sure your child wears trainers and has warm clothing to put on. Additional clothing for the day will be weather dependant, hats, sun cream, etc.

We also ask you to provide a packed lunch for your child. If you are in receipt of free school meals and would like us to provide a lunch, please tick on the attached slip.

Payment for this activity will be via Wisepay, please pay £33.10. Under the provisions of the Education Act 1988 schools are permitted to seek voluntary contributions for certain school activities. Although contributions are voluntary, the reality is that the activity can only take place if all parent/carers contribute fully. We can, however, take special circumstances into account if we know about them. Please contact the school office if you need help or advice.

If you are happy for your child to attend this trip, please complete and return the attached slip and the OV7a form, **no later than Friday 21<sup>st</sup> May 2021.**

Yours sincerely

Mrs Nipper Miss Gursoy

### BONNEYGROVE PRIMARY SCHOOL - Year 6 HYMB

Name of child.....

Class.....

I give permission for my child to attend the above trip

My child is in receipt of Free School Meals and I would like the school to provide a packed lunch that day

Signed.....Parent/Carer

Date.....



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**FORM OV 7A (CSF4258)**

**EVENT-SPECIFIC PARENTAL CONSENT FORM**

(This form should be amended as required to make it best fit for each specific event or purpose for which it is to be used.)

**Establishment:**

**To be completed by visit leader/organiser**

Visit:	Herts Young Mariners Base	
Visit Leader:	Year 6	
Date of Visit:	21 <sup>st</sup> June 2021	
Is a photograph of participant required?	No	

**To be completed by person with parental responsibility for the child/young person.**

<b>Child/Young Persons Full Name:</b>	
<b>Date of Birth:</b>	
Does the above person:	
• Have a medical condition requiring medical treatment or medication?	Y/N
• Have an allergy to certain medications?	Y/N
• Is s/he able to administer her/his own medication?	Y/N
Please give details of medical condition/treatments or allergies to medications below:	
Has s/he received a tetanus injection in the last 5 years?	Y/N
Has s/he been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?	Y/N
If yes, give details:	
Does s/he have any special dietary requirements?	Y/N
If yes, give details:	
I wish to draw the following to the visit leader's attention :	
<b>Swimming Ability *</b>	
I confirm that _____ is / is not* water confident and able to swim 25 metres.	
* Delete as applicable	



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## HOME AND EMERGENCY CONTACT INFORMATION

(Must be contactable for the duration of the visit / activity)

Name: Relationship:  Address:  Telephone Numbers:    Day Evening: Other:	MAIN	ALTERNATIVE
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### FAMILY DOCTOR DETAILS

Name: Address:  Telephone Numbers: Child / Young Person's NHS number (if known)
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<p><b>Declaration by person with parental responsibility for the child/young person.</b></p> <ul style="list-style-type: none"> <li>• I have received and fully understood the details of the proposed visit/activity</li> <li>• I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged</li> <li>• I understand the extent and limitation of the insurance cover provided</li> <li>• I agree that (full name of child/young person) _____                         <ul style="list-style-type: none"> <li>- can participate in the visit and activities described</li> <li>- can be transported in the private vehicles of staff/volunteers supervising the visit where necessary</li> <li>- is in good health and fit to participate in the activities described</li> <li>- can receive medical treatment as necessary</li> </ul> </li> <li>• I undertake to inform the group leader of any change in medical circumstances prior to the activity date</li> <li>• I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect. In the event that their behaviour is not acceptable, I acknowledge that it is my responsibility to make arrangements for them to be collected and cover any associated costs.</li> </ul>
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<p><b>Permission for use of images of participants (optional)</b></p> <p>I do / do not* (<i>*delete as applicable</i>) give my permission for photographs and/or videos to be taken of my child for use in educational or youth work promotional materials and displays when required, with or without using their name.</p>
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Signed:	Name in Capitals:
Relationship	Date:

Where required, has a passport sized photograph been attached / provided	Yes / No / Not required
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***The information on this form should be retained by the establishment's emergency contact.***

A copy may be taken by the visit leader