



# FLEETVILLE JUNIOR SCHOOL

228 Hatfield Road, St. Albans, Herts AL1 4LW

Tel : 01727 855134

Fax : 01727 811541

e-mail : [admin@fleetvillejm.herts.sch.uk](mailto:admin@fleetvillejm.herts.sch.uk)

web site : [www.fleetvillejm.herts.sch.uk](http://www.fleetvillejm.herts.sch.uk)

Headteacher : Mr J Loukes

Deputy Head : Mrs E Bridle

10<sup>th</sup> January 2012

Dear Parents/Carers,

As part of Year 3's history topic on Tudors, we will be visiting Hatfield House to take part in their Living History programme on Thursday 9<sup>th</sup> February 2012.

Children should arrive at school at the normal time. We will be travelling by coach, leaving at 11.30am and returning by 3.30pm. Please could the children wear school uniform and appropriate weather protection, bearing in mind that a large part of the trip takes place outside. They will need a packed lunch (no fizzy drinks or glass bottles please). They should not bring any money with them.

The total cost of this trip, together with the recent SETPOINT workshop and sandwich project, will be £18.00.

We would be grateful if you could kindly return the slip below, together with the attached medical consent form and payment of £18 (cheques made payable to Fleetville Junior School), to the school office by Friday 20<sup>th</sup> January. (Payment may be deferred until 1<sup>st</sup> February if you wish, but please return the forms now). You may also pay via the trips section of WisePay online banking. Please also indicate if you would be able to accompany the trip.

Many thanks,

Jane Heaton  
Office Manager

---

## Year 3 - Hatfield House

Name :

Class :

I enclose the completed medical consent form

I enclose payment of £18.00 / I will pay on 1<sup>st</sup> February / I will pay via WisePay

I would be able to accompany the trip on 9<sup>th</sup> February

(All helpers must have CRB clearance and will be contacted if their assistance is required)

## Fleetville Junior School - Consent Form & Medical Information

Event: Hatfield House

Date: 9/02/12

Child's Full Name:

Class:

Date of Birth:

Does your child have a medical condition requiring treatment or medication? Y/N

If yes, please give details:

Does your child have any allergies ? Y/N

If yes, please give details:

Any other information you wish to draw to the attention of the group leader:

### Emergency Contact Information for duration of visit

Names

Relationship

Tel.No(s).

### Declaration

I have received and understood the details of the visit.

I agree that \_\_\_\_\_(child's full name)

- can participate in the visit and activities described;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary.

I undertake to inform the group leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the school's procedures in this respect.

Signed:

Relationship:

Name in capitals:

Date: