



DURRINGTON INFANT AND JUNIOR FEDERATED SCHOOLS

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Co-Headteachers: Mrs S Ensor B.Ed & Mrs Z Wilby MA Ed

Date: 14th March 19

Dear Parents and Carers of Year 5 children,

Marwell Zoo - Key Stage 2 Rainforest Experience

We are writing to offer an exciting opportunity for your child to attend a KS2 Rainforest Experience at Marwell Zoo (Hampshire) on **Monday 29th April 2019**. This educational visit will provide the children with first hand experiences to support their topic based learning in the summer term. The children will be participating in a rainforest workshop taken by an experienced member of the Marwell Education Team. The children will also have the opportunity to explore other areas of the zoo with a focus on animals from rainforest regions. Unfortunately, there will not be time for the children to visit the gift shop, therefore, the children will not need to bring any money with them on the trip.

We will be travelling by coach which will depart from school at 8:45am. Therefore, **please make sure children arrive at school not later than 8:30am.**

Children will need to wear full school uniform, bring weather appropriate clothes and bring a packed lunch with plenty to drink. Please do not bring glass bottles or fizzy drinks. It would be helpful if the children could bring their lunch and drinks in disposable containers/bags which can be thrown away when finished. If your child normally has a free school dinner they will be provided with a packed lunch. Please remember to cancel your child's hot school meal if you normally pay for it and provide them with a packed lunch.

The children will need to be collected at 5:00pm from school.

We are asking for a voluntary contribution of **£22.50** per child (cheques to be made payable to 'Durrington Junior School' or **exact money** please, as we do not have change in the office. Please place in a named envelope). This will cover the cost of the coach fare, Rainforest Experience and insurance. If we receive insufficient funds, the trip unfortunately will not be able to go ahead. If there is any difficulty in meeting this contribution, please contact Mrs Hankin in confidence, so that we can discuss ways in which we can help. Please fill in all the attached consent/medical forms with payment and return it to the office by **Friday 5th April**. If you think your child will be taking any medication, for example, asthma inhalers, hay fever tablets or cream for eczema, please ensure that these are prescription medication **only** and complete the attached form C. Travel sickness medication may be bought over the counter, but must have been taken on a previous occasion by your child with no adverse effect, and a form C will need to be signed and completed. Children who suffer from asthma may keep their own inhalers with them. Please note that inappropriate behaviour in school may mean that your child will not be able to take part.

If you have any questions, please do not hesitate to contact the class teacher via the school office.

Yours sincerely,

Year 5 team



Name of Pupil.....Class.....

TRIP –Marwell Zoo

DATE – Monday 29thth April 2019

COST - £22.50

I enclose £22.50 in full, (exact money please, no change can be given, or cheques made payable to Durrington Junior School), as my contribution for the above named trip. Please place all money/cheques in a sealed envelope with your child's name, class, amount and what it is for clearly written on the front.

I am able to help on this trip and hold a current DBS

.....print full name

**Please tick appropriate boxes*

I give permission for my son/daughter to attend the above mentioned school visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that whilst the school staff and helpers in charge of the party will take any reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during the duration of the visit.

I consent to any emergency medical treatment necessary during the course of the visit.

(Note: A school journey insurance policy with Zurich Municipal Insurance Limited is available through West Sussex County Council, though claims arising from a pre-existing condition are exempt).



CURRENT MEDICAL DETAILS
(Marwell Zoo 29th April 2019)

My child has the following illness or medical condition/s (for example asthma, diabetes, epilepsy, anaphylaxis, eczema, hayfever, travelsick).....
which necessitates the following treatment.....
.....

Any Allergies ie nuts, plasters, penicillin

Any special dietary requirements

Date of last Tetanus injection.....

Date of Birth

Doctor's Name & Surgery.....

Emergency Contact Name & Daytime Telephone Number

Home Address

Telephone Number.....

Signed.....Parent/Guardian.....

Date.....



(Marwell Zoo - 29th April 19)

C parental consent to administer medication (where an Individual Healthcare Plan or Education

Healthcare Plan is not required)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff or school location]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

