



## DURRINGTON INFANT AND JUNIOR FEDERATED SCHOOLS

Address: Salvington Road, Worthing, West Sussex, BN13 2JD  
Telephone: 01903 260138 & 01903 260761  
Email: officeinfant@dfed.co.uk & officejunior@dfed.co.uk  
Website: www.durringtoninfantjunior.co.uk

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

27<sup>th</sup> March 2019

Dear Parents / Carers,

### YEAR 6 Summer Term Trips 2019

As you are aware, the children have been working very hard within the year 6 curriculum and will also undergo a week of testing (wb.13<sup>th</sup> May 2019) to ensure they have met key stage 2 expectations. In the summer term, we would like to offer the children the opportunity to enrich their learning further outside of the classroom environment, using the following first hand experiences to provide writing opportunities.

We are pleased to announce that **Summer Term 2019** will incorporate:

**Chessington World Of Adventure** – *Linking to Science, the children will experience the forces involved in a roller-coaster ride; the exhilaration and the up-thrust, plus 'airtime'. Plus, a visit to the pizza/pasta restaurant!*

**Lewis Craven – Kite-surfer** – Lewis is a former World Champion, who started his career in Worthing.

**Magistrates** - Real-life courtroom drama, where year 6 learn about British law and how it applies to them. Then they re-enact a courtroom scene, acting as Prosecutor, defendant, Magistrates and witnesses.

We are also hoping that, as in past years, we will have Jan Meek (Explorer) in to talk to the children about her adventures.

As the term draws to a close, and the children prepare to leave us for high school, we would like to celebrate their time at Durrington Junior School with the following events:

**End-of-term:** *Bowling and cinema, including lunch!*

**Durrington Annual Leavers Award** – *Mock-tails, canapés, photo-booth, awards (chosen by the teachers), three course dinner and disco.* This very popular evening is being supported by the school's fundraising team: PODS.

*\*Please note that all activities apart from Chessington and the disco will take place within school hours. Chessington (Tuesday 21st May 2019) will be from 8:15am – 6:30pm.*



For all these amazing experiences, with the help of school funding and contributions from PODS, we have been able to keep the cost to a total of **£50** per child. The price includes: West Sussex Insurance for off-site visits, all activities and resources throughout the week, transport to and from off-site locations and an 'all-you-can-eat' lunch at Chessington's pizza & pasta restaurant.

For your child to take part in Year 6 activity week, please complete and return the attached form (including the medical form) to school by **Tuesday 23rd April**, together with a **£27.50 (non-refundable) deposit**.

### Key Information

- The estimated\*\* cost of all the activities is £50.00, including the £27.50 (non-refundable) deposit.
- Payment can be paid in one lump sum or spread through from April to July 6th, 2019.

*\*\* The cost is currently estimated because we are waiting to hear whether Chessington will reduce their entry charge.*

We are asking for a voluntary contribution of £50 per child, payable as a lump sum or in instalments. One instalment is payable now and the others in May, June and July. Please place exact cash or a cheque payable to Durrington Junior School, in a named envelope with your child's name, class and what it is for on the front. If we receive insufficient funds, the activities 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 also complete the attached consent/medical form and return it with the payment to the office by **23rd April 2019 (latest date for return of forms)**. If you think your child will be taking any medication, for example, asthma inhalers, hay fever tablets or cream for eczema, please ensure 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. Again 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.

Many thanks,

*H Collins*

*O Willows*

*C Squire*



# YEAR 6 Summer Term Trips 2019

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

I enclose £50 in full, as my contribution for the above named trip.

I enclose £27.50 (non-refundable) deposit will pay the balance by instalments between 23rd April and 5<sup>th</sup> July 2019.

*\*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  
(YEAR 6 SUMMER TRIPS 2019)

**Name of Pupil**.....

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.....



## YEAR 6 SUMMER TRIPS 2019

# 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  
*(as described on the container)*

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)

