



**Goldsmith
Primary Academy**
A part of the Windsor Academy Trust

Goldsmith Road
(Entrance via Masefield Road)
Harden
Walsall
WS3 1DL
Tel: 01922 710 182

Executive Headteacher Mrs AM Cheadle BA(Hons) PGCE NPQH

Email:
postbox@goldsmith.windsoracademytrust.org.uk
Website:
www.goldsmith.walsall.sch.uk

Company Registration no: 07523436
Place of registration: England

25 October 2018

Dear Parents/ Carers

Coventry Transport Museum Year 2

As part of our local area topic we have planned an exciting trip to the museum to compare old and new transport. The trip will take place **Tuesday 13th November 2018**.

The coach will leave school at 9.15am and return at 3.00pm, we will notify you of any delays via text message.

We are asking for a voluntary contribution from parents/carers of **£4.50** per child to help towards the cost of the coach and insurance. If substantial contributions are not received the trip may not go ahead.

Your child will be provided with a school packed lunch (special dietary requirements will be catered for).

Children will need to wear full school uniform and no spending money is required.

Please complete the consent to give your permission for your child to attend and also complete the medical form attached in case of emergency and return them to school no later than **Thursday 8th November 2018**.

Yours sincerely

Mrs Ball/Miss Stewart



Medical Form

Pupil Name: _____

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|--|---|
| 1 st Emergency Contact – Parent/Carer | Name: Address: Home Telephone: Mobile: Relationship to Child: |
| 2nd Emergency Contact – Parent/Carer | Name: Address: Home Telephone: Mobile: Relationship to Child: |
| Has the child any known medical conditions: | |
| Medication and when required (if applicable): | |
| Any additional information: | |

I understand that basic first aid treatment will be given in the event of a minor accident. Details of the accident and any treatment given will be recorded. I will be informed when I collect my child and will be asked to sign the child's accident form.

In the event of a more serious accident requiring hospital treatment I understand that every effort will be made to contact either myself or the emergency contact, failing this a member of staff will escort my child to hospital. No medical treatment will be signed for.

I wish/do not wish for my child (name): _____ to go to Coventry Transport Museum on Tuesday 13th November 2018.

Signed (Parent/Carer): _____ Date: _____

