22nd June 2022

Dear Parents/Carers,

**Apricot Centre – Year 2 Trip**

We are excited to announce that year 1 will be visiting Apricot Centre on Friday 15th July. The Apricot Centre is a sustainable diverse farm and wellbeing service for children and families. Whilst visiting the centre the children will be looking at the polytunnels and sowing some seeds in their very own paper pots that they have made ready to take back to school to grow. We will also have guided tour of the farm.

We will be leaving school at 9.30am and will be walking to the Apricot Centre. Please make sure your child has the following for the trip.

As this is an outdoor trip, can you please ensure that your child brings with them:

* A sunhat
* A packed lunch in a bag
* A water bottle
* Wet weather gear (coat, wellies, etc.) *if it is raining*

If you are entitled to Free School Meals and would like your child to have a school packed lunch, please contact the office.

Please complete and return the slip below and the S0E3 attached. Please complete the paperwork and return to the school office by Monday 4th July.

If you have any questions or would like any more information, please feel free to contact either of us, as we are always available before or after school.

Yours sincerely



Mrs C Huish

Headteacher

**Dartington C of E Academy – Apricot Centre Year 2 Trip**

**Friday 15th July**

Child’s Name …………………………………………………………………..

Class ……………………………………………………………………………

 I give permission for my child to attend the trip.

 My child will bring a packed lunch from home.

# Form SOE3: Parental consent for off-site activities

## *Dear parent or guardian*

You have already received details about our forthcoming visit or activity. Please complete and return this form giving your consent for your child to take part in this activity.

|  |
| --- |
| **Dartington Primary School** |

|  |
| --- |
| **Visit or activity** – Apricot Centre – Year 1 |

|  |
| --- |
| **Dates and times** – Friday 15th July  |

|  |
| --- |
| **Name of child Date of birth** |

|  |
| --- |
| **Special details -** any information about your child’s health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?) |

|  |
| --- |
| **Has your child had any relevant recent illness?** |

|  |
| --- |
| **Does your child have any specific dietary requirements?** |
| **Do you have any additional comments?** |

|  |
| --- |
| **Swimming ability** (for water based activities) **NB There will be no water based activities**Is your child able to swim 50 metres? YES / NOIs your child water confident for the proposed activity? YES / NO |

1. I would like my child to take part in this visit or activity and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.
4. I am happy for my personal contact details to be given to the facilitator and used in an emergency outside of the School office hours.

# Signature of parent or guardian ……………………………….. Date …………….

**Name of parent or guardian ……………………………………………………………………………………**

**Address ……………………………………………………………………………………………………………………**

**Telephone number …………………………………………………………………………**

**Mobile: ………………………………………………… Work: …………………………………**

|  |
| --- |
| **Name of family doctor** |

|  |
| --- |
| **Approximate date of last tetanus injection:** |