

3rd November 2022

Dear Parent/Carer,

KEVICC Design & Technology – 18th November 2022

The Swifts are delighted to have been invited to KEVICC to take part in a Design & Technology Day.

The children will be using Computer-aided Design (CAD) to design a product for Christmas.

The children will leave to walk to KEVICC at 12.00pm and finish at 3.00pm. We will then walk back to Dartington and will arrive approximately at 3.45pm. There is no facility for parents to collect their children from KEVICC and so all children will be required to walk back to school. Any problems please speak to Dr Short.

Can you please ensure that your child brings with them:

- Appropriate weather gear (coat, wellies, sunhat and sun cream etc.)
- Packed lunch (if you would like to order a school packed lunch please order through the MCAS app and choose the wrap/sandwich of the day)
- A water bottle

Any children not attending will remain in school for the afternoon.

Please complete the permission slip and S0E3 and return to the office by Friday 11th November.

Kind regards

Dr Short Swifts Teacher









KEVICC Design & Technology – 18th November 2022

Friday 18 th November 2022
Child's Name
I give permission for my child to attend the Design & Technology Day
I give permission for my child to be photographed.
I have ordered a packed lunch via MCAS for my child.
My child will bring a packed lunch from home
Signed: Date

Please return this slip no later than Friday 11th November 2022.



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 - KEVIC	CC Design & Technology Day	
Dates and times - Frida	y 18 th November 2022	
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 a	ny specific dietary requirements?	



Do you have any additional comments?	
bo 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 / NO

Is 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/Guardian	Date
Name of Parent/Guardian	
Address	
Telephone number	Home
Name of family doctor	

Approximate date of last tetanus injection: