

# PRIMET PRIMARY SCHOOL

Tatton Street, Colne. BB8 8JE  
Telephone: 01282 864607  
www.primet.lancs.sch.uk



## Year 3 Visit to the Titanic Memorial, Colne Wednesday 20<sup>th</sup> October 2021

11<sup>th</sup> October 2021

Dear Parent or Carer,

A visit has been arranged for Year 3 to the Titanic Memorial, Colne on Wednesday 20<sup>th</sup> October 2021. This visit links in with the theme of our local area and in particular the biography we will be writing about Wallace Hartley, our local hero for this topic. During the visit the children will be able to see the memorial for themselves and read and discuss the dedication.

The children will be walking to the memorial. We will leave school at approximately 9.30am and will return in time for lunch. There will therefore be no charge for this visit and no requirement to make special arrangements for lunches.

The children will need to wear school uniform as usual and please ensure your child is wearing suitable footwear and has a waterproof coat on the day in case of bad weather.

Please complete the slip below and return it to school by Monday 18<sup>th</sup> October 2021.

Kind regards

Louise Witts  
School Business Manager

.....  
Name of child .....

☐

I give permission for my child to attend the Y3 visit to the Titanic Memorial, Colne on Wednesday 20<sup>th</sup> October 2021. I have completed the medical form for the trip.

Signed .....Parent or Guardian

Date: .....

**Together we care, believe, learn and achieve.**

**Parental/Carer Consent and Medical Information Form for Type A Educational/Off-Site Visits**  
 (This form is to be completed in full by the parent/carers and returned to Primet Primary School)

**Y3 Trip to Titanic Memorial Wednesday 20<sup>th</sup> October 2021**

**Details of Visit:**

Visit to:..... Titanic Memorial, Colne.....

Alternative Activity (Plan B):.....

From: ...9.30am 20<sup>th</sup> October 2021... (date/ time) To: ..... 11am 20<sup>th</sup> October 2021..... (date/time)

Child's name: ..... Date of Birth: ..... Form/class: .....

**I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/service reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/service with any medical information or changes to emergency contact details.**

**Emergency Details:**

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact: .....

**Other Information:**

**Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect him /her in this visit:**

**Declaration by Parent/Carer:**

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed visit and the insurance arrangements.
- I consent to my child taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned; subject to any agreed adjustments.
- I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Service prior to the visit.

**Signature of Parent/Carer** ..... **Date**.....

**(N.B. Parental/Carer consent required for children aged 17 and under)**

Name of parent/carers in block letters: .....

Address: .....

**Note: This Completed Form to be returned to the School/Service.**

**In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.**