

MANCHESTER  
1824

The University of Manchester  
Manchester Museum

9th January 2018

**Y6 Visit to Manchester Museum**

Dear Parents/Carers,

As part of our topic of Ancient Egypt, we have arranged a trip to Manchester Museum to look at their Ancient World's Exhibit which includes many interesting Egyptian Artefacts. We will also be attending a taught session in the afternoon, run by the Museum, where the children will be able to work more closely with some of these ancient artefacts.

- The trip will take place on **Thursday 1st February 2018**.
- Pupils will be travelling by coach, leaving school at 9:15am and returning for the end of the school day at 3:15pm.
- Full school uniform is required to be worn.
- Pupils will need to **bring a packed lunch. No fizzy drinks or glass containers please.**
- Pupils who usually have a school lunch will have a packed lunch provided by school unless we are informed otherwise. Please let us know by January 19th if your child wishes to bring their own packed lunch from home.
- The cost of this trip including the coach and the workshop session is **£10.00 per child**.
- Pupils may also bring an **additional £5** to spend in the museum gift shop on the day.
- Please send your voluntary contribution of £10 together with the attached **Form C** in a clearly labelled envelope which included **your child's name**.

If we do not receive enough voluntary contributions to cover the cost, the trip will unfortunately have to be cancelled.

Thank you in advance for your support.

Yours faithfully,



Mrs M Bevington



Mrs K Harding



Miss L Hough



**St Mary's**

Catholic Primary School  
and Nursery

*Learning and living  
together through faith  
and education*

Dane Bank Avenue, Crewe,  
Cheshire CW2 8AD

Telephone: 01270 685174

E: [admin@stmarysrc.cheshire.sch.uk](mailto:admin@stmarysrc.cheshire.sch.uk)

[www.stmaryscrewe.co.uk](http://www.stmaryscrewe.co.uk)

Headteacher: Mrs S M Fau-Goodwin





**St Mary's**  
Catholic Primary School and Nursery

**PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT**

**To be distributed with information sheet giving full details of the visit**

Establishment/Group: St. Mary's Catholic Primary School

Details of Visit to: Manchester Museum

From: **Thursday 1<sup>st</sup> February** Time: **9.15am** To: **Thursday 1<sup>st</sup> February** Time: **3.15pm**

I agree to \_\_\_\_\_ (name taking part in this visit)

I have read the information sheet I agree to \_\_\_\_\_'s participation in the activities described.

I acknowledge the need for \_\_\_\_\_ to behave responsibly throughout the visit.

**Medical information about your child**

Any conditions requiring medical treatment, including medication? **YES/NO**  
If **YES**, please give brief details:

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Please outline any food or other allergies and special dietary requirements of your child:

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Any recent illness or accident staff should be aware of? **YES/NO**

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The type of pain/flu relief medication your child may be given if necessary:

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**For residential visits and exchanges only**

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?

If **YES**, please give brief details: **YES/NO**

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Is your son/daughter allergic to any medication?  
If YES, please specify:

YES/NO

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When did your son/daughter last have a tetanus injection:

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**Declaration**

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

**Contact telephone numbers:**

Name: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Alternative emergency contact:**

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Name of family doctor:** \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

As part of the activities your son/daughter/ward are involved in Cheshire East Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? YES / NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT**