



Believe, Strive, Achieve

Winklebury Federation

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8th May 2025

Dear Parents,

We have arranged for the Year 1 classes to visit Alice Holt on Wednesday 18th June. In science we are looking at habitats and this will give the children the opportunity to see a variety of minibeasts in their homes. The children will take part in The Habitat Trail which features amazing wooden play sculptures. We will also take part in the Gruffalo Trail.

In order to cover the cost of the trip we are asking for a contribution of £13.20 per child to pay for the coach. Whilst your contributions are voluntary, please be aware we have to rely on them to offer activities such as this for the children. If insufficient contributions are received we may not be able to continue with our arrangements. Payment can be made online via Arbor or cash via the Admin Office.

On the day of the trip, all children can be provided with a packed lunch prepared by the school kitchen as part of the universal free school meal scheme. The packed lunch will include a sandwich, a biscuit or cake, fruit or vegetable sticks. Please indicate on the form, whether your child will need a school packed lunch so we can inform the kitchen of the number required in advance. If you choose not to have a school packed lunch, your child will need to bring his/her own packed lunch in a disposable bag that can be thrown away (no lunchboxes or plastic containers please). Please do not send any glass bottles or containers, sweets or products that contain nuts.

Please send your child in their school uniform so they can be easily identified as part of our group. Also the children are recommended to wear trousers to cover their legs in the long grass. Please also ensure your child has a waterproof coat with a hood, a sun hat and sensible walking shoes. If the weather is nice, please apply suncream to your child before the trip. If your child requires travel sickness medication please can you administer this before school. The trip will be during schools hours so we will aim to be back for the normal pick-up time of 3.15pm.

Please complete the form by Friday 6th June to give consent for your child to join in this trip.

Yours sincerely,

Miss Davis & Miss Bulpitt
Year 1

FEDERATION OF WINKLEBURY INFANT AND JUNIOR SCHOOLS

Educational visit information and consent form

Please complete all the information below

Activity: Year 1 visit to Alice Holt

Date: Wednesday 18th June

Personal details

Child's name Class

Date of birth Age Male / Female

Address Post code

Name of next of kin.....

Next of kin address during the activity (if different from above)

..... Post code.....

Contact number: Home..... Work Mobile

Additional contact details for the day of the activity:

.....

Name and address of child's doctor.....

Telephone number of doctor NHS number if known

Parental consent

I confirm that I have parental responsibility for.....

He/she is in good health, and I consider him/her to be capable of taking part in the activities as set out in your letter dated I acknowledge I can view a copy of the insurance synopsis on request at the school. I consent to him/her taking part in the activity.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed

Please print name

AddressPost code

Medical information

Has your child had any of the following?

Asthma or bronchitis	Yes No	Allergies to any known medication/ animals	Yes No
Any other allergies e.g., food, materials	Yes No	Fits, fainting or blackouts	Yes No
Other illness or disability	Yes No	Severe headaches	Yes No
Travel sickness	Yes No	Diabetes	Yes No

Regular medication Yes No Heart condition Yes No

If the answer to any of these questions is Yes, please give details.....

If it is considered necessary, do you agree to mild painkillers (e.g., Paracetamol) and/or sting cream being administered?
Yes / No

Has your child received vaccination against tetanus? **Yes / No**

Is your child receiving medical or surgical treatment of any kind from either their family doctor or hospital? **Yes/No**

Has your child been given specific medical advice to follow in emergencies? **Yes/ No**

If the answer to either of the last two questions is Yes, please give details including the name and dosage of any medication.....

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform my child's class teacher.

Signed (person with parental responsibility)

Please print name here Date

Consent for taking images

During our visit we may take pictures of the activity. These may be used in displays in school or on our closed school Facebook group.

In the event of any images on my child being taken, I consent to them being used for educational purposes/Closed Facebook group **Yes / No**

Signed (person with parental responsibility)

Please print name here Date

Voluntary contribution

Delete as appropriate:

☐ I have enclosed a voluntary contribution of £13.20 cash for the trip to Alice Holt

☐ I have paid £13.20 online via Arbor

Signedparent ofinClass

School packed lunch

☐ I wish to order a cheese/Jam/Ham sandwich (please circle choice) school packed lunch for the trip to Alice Holt

☐ I will provide a packed lunch from home

Signed.....parent of.....in.....Class