Dear Parent/Carer,

Your Son/Daughter has been invited to attend a school trip to Blackpool Pleasure Beach due to their fantastic attendance and behaviour. Please see the below details:

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| **Trip to:** | Blackpool Pleasure Beach |
| **Date:** | 16th July 2024 |
| **Time:** | Students to arrive at 08:15.  Students will arrive back at BPS at 16:30. |
| **Organisers:** | Mrs Critchlow/Miss Hayward |
| **Cost:** | £31 |
| **Travel:** | Coach |
| **Other:** | Lunch will NOT be provided. If your child is on FSM we will have a lunch bag for them. |
| **Dress Code:** | Own clothes. Please ensure they are weather appropriate. |
| **Behaviour:** | Students are expected to be positive and respectful at all times and maintain the positive reputation of the school. |
| **Personal Possessions:** | Please note that if a mobile phone, iPod, or any other items of value are taken, it is at your child’s own risk, the school takes **no** responsibility for these items. |

Please complete and return the attached consent form to the trip leader if you wish your child to be included in this trip by **Friday 26th April.** Payment does not need to be made until **Friday 10th May.**

Yours faithfully

**Mrs Critchlow**

**Associate Assistant Headteacher**

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| **Reply to:** Mrs L. Critchlow/Miss Hayward | |
| **Trip to: Blackpool Pleasure Beach** | **Date:** 16/07/2024 |
| * I agree to my child taking part in the above mentioned visit and agree to his/her participation to any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. * I understand that the staff member in charge of the party will be acting in loco-parentis and in the event of an accident, I agree to my son/daughter/ward receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present. * I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my son/daughter: between the date on which I completed this form and the commencement of the journey. * I understand that The Birkenhead Park School is insured in respect of its legal liabilities only and that there is no Personal Accident, or other cover, unless we have been advised specifically by the organiser. * Accidents may therefore arise for which The Birkenhead Park School is not responsible. Parents may wish to obtain suitable insurance to cover such eventualities. | |

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| **Student’s Name:** |  | **Form:** |  |
| **Signed:**  **(Parent or Guardian)** |  | **Date:** |  |

**Emergency Contact Details:**

|  |  |  |
| --- | --- | --- |
| Parent/Carer name | Relationship to student | Contact No |
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