



NINE ACRES COMMUNITY PRIMARY SCHOOL

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Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

Team Work Respect Aspiration Perseverance Caring Creativity Citizenship Courage Independence

'Striving for Excellence'

18th December 2018

Dear Parents,

Year 3 Overnight Trip to The Novium Museum, Chichester –
28th February – 1st March 2019

On Thursday 28th February, we have an exciting opportunity to take the children in Year 3 to stay overnight at The Novium Museum in Chichester. During our visit, we will have a guided tour of the museum and will be engaging in craft activities, building challenges and story time. On Friday morning, after we leave the museum, we will be travelling to Portsmouth Historic Dockyard to have a tour around HMS Warrior.

Attached to this letter is an EV3 Form, which needs to be completed by you giving your permission for your child to take part in this trip. We have managed to keep the cost of this trip to a minimum and we are asking for £35.00 per child. We would ask for a £15.00 deposit be paid by 11th January 2019 and the remainder to be paid by 11th February 2019.

The children will come to school as normal on the Thursday and will be leaving during the afternoon to travel to the Novium Museum. On the Friday, we will be leaving the museum at approximately 8.00 am and will travel to Portsmouth for the tour around HMS Warrior. We will then return to school at approximately 1.00pm. We will let you know a full itinerary of the trip nearer the time.

In order for the children to have a hot meal on the Thursday, we would recommend that all the children have a hot school dinner, at a cost of £1.95, and bring with them a packed tea to have on the ferry before we get to the museum. On Friday, we will be back at school at 1.00 pm and will have lunch at school. We are requesting that parent's drop off a packed lunch into the school office that morning (if you are entitled to free school meals and would like a packed lunch provided by the school please indicate on the slip). If you wish to come into school and bring a packed lunch to have with your child (1 person per child), please complete the attached slip.

The children will need to wear their school logo jumper, with comfy trousers and sensible black shoes and a waterproof jacket. Children will need to have their up to date inhalers with them, and any other medication should be given to a staff member.



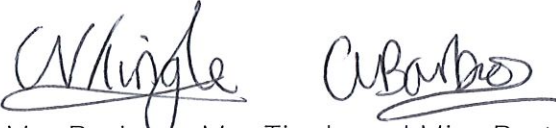
Children will need to bring with them:

- a packed tea (no nuts or sweets please)
- plenty of drink (no fizzy drinks please)
- pillow
- sleeping bag
- roll mat (or something to sleep on such as a thick blanket)
- torch
- comfortable and warm clothes for sleeping in
- toothbrush and toothpaste
- a hairbrush
- clean underwear

We will be holding an information session regarding this trip on Thursday 10th January 2019 at 3.15pm.

Should you have any further questions about this amazing adventure, please do not hesitate to speak to your child's Year 3 teacher. The reply slip and EV3 must be received in the office by 11th January. The deposit must also be paid by this date via ParentPay.

Yours sincerely



Mrs Barbour, Mrs Tingle and Miss Barton
Year 3 Teachers



Parental / Legal Guardian Consent Form

EV3(i)

For use by all Schools and Youth Groups

School/Youth Centre/Project NINE ACRES PRIMARY SCHOOL	
Journey/Visit to: Novium Museum, Chichester	
From: 28/02/2019 to: 01/03/2019	
Details of Journey: Children will travel by A.L.S.Coaches and Wightlink Car Ferry to the Novium Museum, Chichester and Portsmouth Historic Dockyard	
I agree to my son/daughter _____ (name) _____ (date of birth)	
Taking part in the above mentioned visit and, having read the information sheet agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.	
Medical Information: Does your son/daughter suffer from any condition/allergy, etc. requiring medical treatment, including medication? If YES, please give details	YES / NO
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 become contagious or infectious. If YES please give brief details.	YES / NO
Is your son/daughter allergic to any medication? If YES please specify.	YES / NO
Has your son/daughter received a tetanus injection in the last five years? Please give date if known:	YES / NO
Please outline any special dietary requirements of your child.	
I undertake to inform the party leader as soon as possible of any change in medical circumstances between the date signed and commencement of the journey.	

PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

DECLARATION

In the unlikely event of my son/daughter withdrawing from the journey I understand that I will be responsible for any costs that cannot be recovered by virtue of the insurance cover provided.

I understand that I am responsible for any damage or injury caused by my son/daughter during his/her time away, except accidental damage or injury, and fully indemnify the organiser of the journey in respect of any financial loss which may be incurred in this way.

I give my unconditional consent 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.

In respect of trips outside the UK, I authorise the group leader to give whatever authority might be necessary should emergency dental, medical or surgical treatment be required by my son/daughter, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I consider my son/daughter to be capable of full participation.

I understand the extent and limitation of insurance cover provided.

Note: Details of the Insurance Policy in place can be obtained from the school office on request.

I may be contacted by telephone if necessary.

My Home Address is:	My Contact Telephone Numbers are: Home: Mobile: Work:
If not available at above, please contact: Name: Address: Telephone:	My Family Doctor is: Name: Address: Telephone:
Signed (Parent/Legal Guardian): _____ Date: / /	

*A copy of this form must be taken by the group leader on the activity.
A copy should be retained by the Home Base Contact*