



# WHITMORE PARK PRIMARY SCHOOL

Halford Lane  
Coventry CV6 2HG

18 June 2018

Dear Parent/Carer

As part of your child's ongoing educational experience, **Year 5** are going out on a trip to **President Kennedy School** on **Friday 6<sup>th</sup> July 2018**. **This trip will take place during school time so your child should be brought to school as usual for 8.55am and collected at 3.15pm.** Please arrive promptly to collect your child, the school will endeavour to keep parents informed of any changes to the return time by text message.

**Your child's lunch will be provided by President Kennedy School. There will be no cost for this trip.**

As your child will be representing the school they must wear full school uniform, they will require a coat as it may be wet and cold. Please also ensure that your child is wearing sensible footwear as they will be walking to President Kennedy School.

Please ensure that you keep the school informed of any medical needs that your child may have. If your child is asthmatic and uses an inhaler, one must be provided so that it can go with them on the visit. **If they do not have an inhaler with them they will not be allowed to go on the visit.**

**In order for the trip to go ahead we must take a number of parent volunteers.** If you are able to help, please indicate on the slip below. We will contact you once we have received all the slips to confirm if you are needed. If you don't hear from us, we don't need you at this time, but thank you for your continued support.

Please complete the permission slip over the page and return to school by Monday 25<sup>th</sup> June 2018. If you do not return the completed slip your child will not be allowed to go on the trip.

Yours sincerely

**Year 5 Class Teachers**

**IMPORTANT - CONTINUED OVER THE PAGE**

Tel: 024 7633 5697

Email: [admin@whitmorepark.coventry.sch.uk](mailto:admin@whitmorepark.coventry.sch.uk)



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**Enter the trip name and date**

<b>Child's name:</b>		<b>Class:</b>	
YES	NO	I give my permission for my child to take part in the educational visit detailed above.	
YES	NO	I am available to help on the day of the trip. Contact Name: _____ Contact Number: _____	
YES	NO	My child has a medical condition (please include asthma) requiring regular medical treatment or medication. <b>If yes, give brief details:</b>	
YES	NO	In the event of an emergency, I agree to my son/daughter receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.	
<b>EMERGENCY CONTACT NAME</b> (please list in order you wish them to be contacted in the event of an emergency)		<b>Relationship to child:</b>	<b>Contact number:</b>
1.			
2.			
<b>Signed (parent or legal guardian):</b>			<b>Date:</b>