



Dear Parent/Carers

Eagles/Ospreys Trip for 1<sup>st</sup> Half Summer Term

Please find below details of the Eagles and Ospreys trip and activities for the 1<sup>st</sup> part of the summer term.

The school will subsidise these activities; however, a voluntary contribution per child would be appreciated. Unfortunately, due to the increase costs involved, if we do not receive enough contributions the activity will need to be cancelled.

| Venue and Date   | Timing   | Activity  | Required Clothing   | Other items required  | Voluntary contribution |
|--|--|---|---|---|------------------------|
| <b>Jordan's Close</b><br><b>Monday 22<sup>nd</sup></b><br><b>May</b> | We will leave at 9am sharp. All children will need to be in school at 8.45am. We will be back for the end of the school day. | Boating<br>Cookery<br>Archery<br>Team games – to develop co-operation and communication skills. | Old clothes -<br>Long sleeve tops,<br>Full length trousers,<br>Old shoes (trainers, walking boots/shoes, no sandals)<br>Waterproof Jacket | Spare set of clothes, including underwear in a named carrier bag. | £5.00                  |

Payments can be made by cash or cheque (payable to Great Barford Lower School)

Please feel free to speak to Mrs Evans in confidence if you have any concerns regarding payment.

Please could you complete the school permission slip and return it to the school office in an envelope with your child's name, class and trip name by **Wednesday 26<sup>th</sup> April**.

Yours faithfully

Mrs Litchfield  
Class Teacher

**PARENTAL CONSENT FORM**

***Before signing this Consent Form it is important that you understand:***

- 1 That whilst the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the Authority, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit or journey, unless such loss, damage or injury results from the negligence of Bedfordshire Borough Council, its employees or official volunteers.
- 2 The extent and limitations of the insurance cover provided, the summary of the policy is available from the school office.
- 3 I agree to my child 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 all cases every effort will be made to contact parents in the first instance so long as time allows.

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Please complete the table below as applicable and return this slip to school by **Wednesday 26<sup>th</sup> April**.

Having read all the information provided, I agree to my child taking part in any or all of the activities described.

| Child's Name | Activity  | Available to Help<br>(Please tick) | Date | Voluntary contribution enclosed | Authorised Signature |
|--------------|---|------------------------------------|------|---------------------------------|----------------------|
|              | Jordan's Close<br><b>Monday 22<sup>nd</sup> May</b> |                                    |      |                                 |                      |

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