

Windsor Castle



Dear Parents,

Year 2 children will be visiting Windsor Castle on Friday 19th April 2024. The visit will be a super part of our History Topic for that term.

The day is organised by the Castle Staff and involves a Discovery Session, a workshop, some self-guided time and of course, time for lunch! We will be leaving school around 8.00 am and returning to school around 5.00 pm. We will be particularly dependent on traffic on our way home but will keep you fully informed by text message.

In order for this visit to take place, we would like to request a voluntary contribution of £25.95. We do not need a medical / consent form to be completed unless your child has a new medical condition that you have not told us about. In which case, please let the school office know as soon as possible.

In order for the children to be suitably dressed for the day, we would like them to wear:

- Otterbourne School uniform
- A warm coat

We will be travelling to and from Southampton with Princess Coaches. Your child will need a packed lunch and a water bottle (containing water) plus 2 snacks all stored in a **named** bag. The children will NOT need to bring any money on the day.

As some children may suffer from travel sickness, please ensure that any medication to prevent this is given to your child prior to leaving home in the morning.

Please could you return the permission slip to the School Office. If the cost presents difficulty, please pay in instalments (which can continue until June 2024) or speak to Mr Geraghty.

Yours sincerely,

Caren Reid

Re: Windsor Castle - Friday 19th April 2024

Child's name: Class:

I confirm that I have parental responsibility for the above named child.

He/she is in good health and I consider my child capable of taking part in this activity.

Please be aware of the following new medical information regarding allergies or medication concerning my child:

I enclose £25.95 cash/cheque/I have paid online/I will pay in instalments

I give my consent for my child to take part.

I understand that I can obtain a copy of the School Journey insurance synopsis from the school office, upon request.

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

In the event of an emergency, please contact:

..... on

Signed: parent