

Dear Parent/Carer

Crucial Crew Visit for Year 6 – 6th March 2017

Year 6 pupils have been invited to attend 'Crucial Crew' at Morgans School in Hertford on 6th March 2017

6C and 6G – Morning session 6M and 6D – Afternoon session

This scheme is provided by Hertfordshire County Council, the police and other agencies. It consists of a number of different 'safety awareness' scenarios and the aim is to raise pupils' awareness regarding a variety of safety issues including:

- Road Safety
- Fire Safety
- Railway Safety
- Electricity Safety
- First Aid
- Personal Safety

The pupils will be expected to wear full school uniform, including sensible shoes for walking. For your child's safety and security reasons electrical items, including mobile phones and computer games may not be brought on the visit. Please ensure that all medication, including travel sickness tablets, is provided and labelled with your child's name. If your child does require medication please complete the MED1 form attached.

The cost of the visit is £6.20, please complete and return the reply slip by Friday 10th February 2017 in order that your child can attend. Payment can be made via the School Gateway or by cash in an envelope, clearly marked with your child's name.

On the day of the visit it is expected that 6C and 6G will return in time for lunch. 6M and 6D will require a packed lunch [no glass bottles please] and will return at approximately 3:15pm, dependent on traffic. However, if your child travels by school bus you may wish to make alternative transport arrangements.

Yours sincerely



Mr T Galanides
Head of Year 6

enc

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REPLY SLIP
Please return to Mr Galanides, Head of Year 6
by 10th February 2017

CRUCIAL CREW VISIT 6th March 2017

Name: _____ Tutor Group: _____

I give permission for my child to take part in the Crucial Crew visit and accept that electrical items, including mobile phones and computer games may not be brought on the visit. I consent to the use of any emergency treatment, including the use of anaesthetics, necessary during the course of the visit.

- I have paid £6.20 on the School Gateway
- I enclose £6.20 cash

EDWINISTREE MIDDLE SCHOOL
A Voluntary Controlled Church of England School

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Medication will not be administered unless prescribed by a doctor and all medication must be in the original container. Antibiotics will only be administered by school staff if it is prescribed to be taken 4 times a day.

DETAILS OF PUPIL

Surname:

Forename(s)

AddressM/F.....

.....DOB

.....Tutor Group

Condition or illness.....

MEDICATION

Name/Type of Medication
(as described on the container)

For how long will your child take this medication

Date Dispensed

FULL DIRECTIONS FOR USE:

Dosage and Method

Timing.....

Special Precautions

Side Effects:

Self Administration.....

Procedures to take in an Emergency

CONTACT DETAILS:

Name:.....Daytime Telephone No.....

Relationship to Pupil:.....

Address:

I understand that I must deliver the medicine personally (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date:Signature(s).....

Relationship to pupil:.....