

## BROOKFIELD JUNIOR SCHOOL

Swallow Road, Larkfield, Aylesford, Kent. ME20 6PY Tel: 01732 843 667 Email: office@brookfield-jun.kent.sch.uk Web: www.brookfield-jun.kent.sch.uk

Head of School: Mr N South Executive Headteacher: Mrs P Woods Cert. Ed. NPQH

## Year 6 – Safety in Action - Tuesday 5<sup>th</sup> June 2018 **Trip Confirmation/Payment/Permission**

## Dear Parent/Carer

We have been given the opportunity to attend a 'Safety in Action' presentation for all of our year 6 children on Tuesday 5<sup>th</sup> June 2018. 'Safety in Action' is an interactive event for Year 6 children to learn about some of the dangers they may face as they become more independent and prepare for transition to secondary school.

Date: Time of Departure: Time of Return: Method of Transport: Cost:

Tuesday 5<sup>th</sup> June 2018 12:30pm 3:00pm (traffic permitting) Coach £6.50

As you have completed a BJS-V4 (yellow form) we intend using this information to cover the visit; however, if there are any changes regarding your child's medical condition, a new BJS-V4 (yellow form) needs to be completed and returned to school before the visit takes place. Please note that it is your responsibility to keep the school up-dated with any medical changes concerning your son/daughter.

Payment can be made via our online payment system - we will send you a text and email with your log in details. Please ensure payment is made on the online system or send in cash/cheque in a named envelope to school by Friday 18<sup>th</sup> May 2018.

Yours sincerely

Miss Aldous, Miss Prince, Miss Meachen, Mrs Eke & Mrs Houssier On behalf of the Year 6 Team

## Year 6 – Safety in Action – Tuesday 5<sup>th</sup> June 2018

I am willing for my child to take part in the 'Safety in Action' afternoon	
I have paid £6.50 via the online payment system	
I have paid £6.50 by cash/cheque	

Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf, for anaesthetic to be administered and any other urgent medical treatment to be given.

Child's name ..... Class .....

Parent/carer signature: ..... Print name: ..... Print name: .....

The Flourish Federation Brookfield Infant School and Brookfield Junior School

