Monday 15th April 2024

Dear Parents and Carers,

**High Weald Hero Welly Walk**

On Wednesday 24th April Sea Turtles and Clownfish classes will take part in a High Weald Hero Welly Walk. The children will walk from the school along footpaths to explore changes in the season.

Rye is in the east of the High Weald National Landscape. Rye Community Primary School has joined the High Weald Hero Education Programme which helps children learn about this special area.

This is a fantastic opportunity for the children to take part in outdoor learning linked to our science and geography curriculum. The walk will be led by the Education Officer from the High Weald AONB Unit.

The walk will be cancelled in extreme weather conditions.

|  |  |
| --- | --- |
| **Date** | Wednesday 24th April 2024 |
| **Time** |  *Sea Turtles – 10.00am - 11.30am**Clownfish – 1.00pm – 2.30pm* |
| **Venue** | Seasonal changes walk around the local area observing and naming plants. |
| **Transport** | Walking |
| **Clothing** | Old clothes they can get dirty, long trousers, sturdy boots or welliesand a waterproof jacket.  |
| **Other items needed** | A healthy snack and water bottle. An old carrier bag to sit on.Comfortable rucksack to carry their things in. A change of clothes. |
| **Cost** | No charge |

Kind regards,



Miss K Martin

Headteacher

Please complete and return to school by **Monday 22nd April 2024**

I give permission for my child ……………………………………………………………….. (Name) to take part in the trip on the High Weald Hero Welly Walk on Wednesday 24th April 2024.

Signed………………………………………………………… Parent/Guardian

**Medical form**

|  |  |  |
| --- | --- | --- |
| **Does your child suffer from any allergy, illness or disability?** | Yes [ ]  | No [ ]  |
| If yes please provide further details, including any prescribed medication, times and doses.  |
| **Do you consent to your child receiving first aid during the school trip?** | Yes [ ]  | No [ ]  |
| **Do you consent to your child receiving urgent care during the school trip, including the use of anaesthesia, if deemed necessary by medical professionals?** | Yes [ ]  | No [ ]  |

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| **I can confirm that the information I have provided within this form is accurate. I am also happy for my child to receive first aid or urgent medical care whilst on a school trip or activity.** |
| Name of parent  |  |
| Emergency contact number one |  |
| Name of contact  |  |
| Emergency contact number two |  |

**Permission form**

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| --- |
| **By signing this form, I agree to the terms outlined in the letter that enables my child to participate in all of the listed school trips attached to this form.**  |
| Name of pupil |  |
| Year group |  |
| Name of parent |  |
| Signed |  |
| Date |  |