



Headteacher: Mr. S. Pearson



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July 2021

Dear Parents/Carers

**Re: Whitemoor Lakes Activity Centre - 6<sup>th</sup>-8<sup>th</sup> October 2021**

We are pleased to inform you that 79 children have booked to go on this trip with us!

We would be grateful if you could complete the enclosed Consent Form with Medical and Dietary Information and return it to school before the end of term, or by **Friday 10th September at the latest**. It is important to have these promptly, because all information for the whole group must be processed and forwarded to Whitemoor Lakes well in advance.

We should also respectfully remind you that any remaining balance for the trip cost of £145.00 must be paid on Scopay by **30<sup>th</sup> August 2021**, please. You should contact the school office if you have any queries about payment.

Please note that we will send out another letter in September to give all the information you need about the activities, clothing requirements, sleeping arrangements, departure and return times etc.

If you have any questions about the trip at all, please do not hesitate to contact me at school or send an email to [enquiry@walmley-jun.bham.sch.uk](mailto:enquiry@walmley-jun.bham.sch.uk) for my attention.

Yours sincerely

Mrs S. Smith  
Deputy Headteacher

**Consent Form and Medical and Dietary Information for Whitemoor Lakes Trip**

Please complete the information form below and return by **Friday 10<sup>th</sup> September 2021** at the latest.

Name of Child: ..... Class: .....

Home Tel No: ..... Date of Birth: .....

**I/We hereby consent to my/our child attending the residential trip to Whitemoor Lakes in Lichfield and taking part in the adventurous activities. These may include the assault course, high ropes course, zipwire, fencing, archery, climbing wall, abseiling etc.**

**Signed:** ..... **Relationship to child:** .....

Doctor's name and surgery: .....

**Condition or allergy** which may require treatment (give details of condition, medication and any action required):

.....  
.....  
.....  
.....

**Special dietary needs** (please state requirements):

.....  
.....

**Emergency contact numbers** (during visit to Whitemoor Lakes):

Name	Relationship to Child	Tel: No:
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....

**Does your child normally attend Earlybirds? Yes / No**

If so, they require a week's notice that your child will not be attending on the days of the trip.