



ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
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Headteacher: Mrs T Lane

26th June 2018

Dear Parents/Carers,

CLASS 5 – BEAUMANOR HALL, WEDNESDAY 12TH SEPTEMBER 2018

We are very excited to inform you that your child will be evacuated on the 12th September 2018! As part of their World War Two topic beginning in September, Year 5 will be visiting Beaumanor Hall as an evacuee. The day will entail an immersive day where the children will be evacuated to Beaumanor hall, discover the rations they would have had, take part in home front activities (such as digging for victory) and even get the chance to decode messages from Nazi Germany in the war offices.

The day promises to be a great start to their World War two topic and, as they were unable to have a trip this year, the PFA have kindly agreed to carry over their £10 per pupil donation meaning the trip will cost just £8.35, however, due to financial restraints if we do not receive sufficient contributions this trip may not go ahead.

Your child will also need a packed lunch (no glass bottles or fizzy drinks!). **However, if your child is eligible for free school meals, a packed lunch will be provided by the School but you will need to provide them with a drink.**

To help create an immersive day, Beaumanor Hall have asked us to come in World War Two outfits and also have a WW2 themed lunch. **Please see the reverse side of this letter for further details on what the children could wear.**

Please could you return the attached consent form, along with the payment to the office by **Monday 16th July.**

Kind Regards,

Mrs Slight
 Deputy Headteacher

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To School Office, St. Patrick's Catholic Primary & Nursery School, Wilford

CLASS 5 – BEAUMANOR HALL, WEDNESDAY 12TH SEPTEMBER 2018

I enclose **£8.35** for the trip to Beaumanor Hall on Wednesday 12th September 2018

Signed _____ Parent of _____



Visiting Wartime Beaumanor in Role

It will greatly enhance your day if you, your leaders and your children turn your visit to Beaumanor into a role-playing exercise. In order to maximise the value of your visit you might like to incorporate the following suggestions:

1) The Background

The day will be very loosely set around 1940. The children will be evacuees, sent by their parents to Beaumanor to get away from the bombing. You will be their teachers and/or parents, accompanying them (as was actually the case).

2) Costume

The cellars are quite cold all year round, so clothing should be warm, whatever the weather. The children could all have a 'luggage label', gas mask box and teddy and anything else they bring with them could be carried in a small suitcase or pillow case.

a) Girls

- School uniform (if applicable)
- Tights or short white socks and outdoor shoes
- Hair in plaits, bunches, pinned up or neatly brushed. If long enough, could be in 'earphones'

b) Boys

- Long-sleeved shirt and short trousers, long socks and outdoor shoes and boots.
- Tank top/school uniform, jacket and school cap (if applicable) or cub uniform.
- Favourite teddy bear, games, books etc.

3) Packed lunch

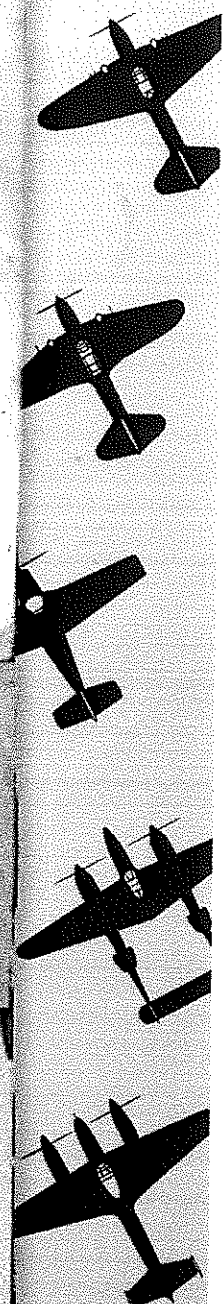
Packed lunches should reflect the fact that plastic bags and lunch boxes had not been invented. There were no fast foods and most food was plain, simple, local and rationed.

a) The food

- cheese sandwiches and/or bread and jam
- bread pudding or fatless sponge (possibly made in school), apples/pears
- ginger beer or old fashioned 'flat' lemonade in a glass bottle (if safe).

b) The containers

- Wrapped in greaseproof paper and tied up in a plain tea towel or newspaper
- Carried in a cloth satchel or wickerwork basket



More information

For more information or to book a visit please call **01509 890119** or email beaumanor.hall@leics.gov.uk
Beaumanor Hall, Woodhouse, Leicestershire LE12 8TX
www.beaumanorhall.co.uk

 /beaumanor-hall





ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY

CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE



1. CONSENT FOR PARTICIPATION IN THE VISIT:

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy – Class 5**

Visit to: **Visit to Beaumanor Hall**

Date(s) / Times: **Wednesday 12th September 2018**

I agree to my son/daughter: _____ (name) taking part in the above-mentioned visit. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:

a) Son/daughter's date of birth: _____

b) Does your son/daughter suffer from any conditions of which the staff leading the visit should be aware:

YES / NO

Please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies etc: _____

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc: _____

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.

** Delete if not applicable

d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?:

YES / NO

If YES, please give brief details: _____

e) Is your son/daughter allergic to any foods or medication: YES / NO

If YES, please specify: _____

f) When did your son/daughter last receive a tetanus injection?: _____

g) Please outline any special dietary requirements of your child: _____

h) I **undertake** to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) I **agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. CONTACT NUMBERS:

a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

b) If not available at home, please contact:

Name: _____ Telephone Number: _____

Address: _____

c) Name, address and telephone number of family doctor: _____

4. ANY OTHER RELEVANT INFORMATION:

5. SIGNATURE:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Guardian

1 copy to be held by the Establishment
1 copy to be taken by Leader on the visit