

Bryn Offa Church of England Primary School

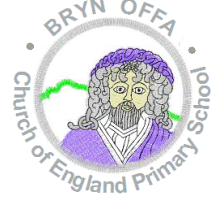
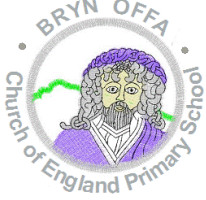
Rockwell Lane, Pant, Oswestry, Shropshire, SY10 9QR

admin@brynoffa.shropshire.sch.uk

Tel: 01691 830621

Fax: 01691 839232

Headteacher: Mr P Thompson



Wednesday 30th January 2019

Dear Parent/Guardian,

John Muir Award - Bryn Offa School

As part of our continued outdoor provision at Bryn Offa, we are offering the Year 5 pupils the opportunity to complete their John Muir Award. This involves discovering a wild place, exploring it, completing some conservation work of the location and then sharing the work that has been completed with other children. This scheme was undertaken last year with the help of Shropshire wildlife trust and was a resounding success.

The first two sessions will involve the children discovering who John Muir was and about the expectations of the award. They will then explore the local area – Llanymynech hill and the Heritage area.

The first two sessions will take place on **Friday 15th February and Friday 1st March**. You will be notified of the other dates closer to the time.

Please could you ensure that your child has the following in school on these days:

- Packed lunch with a drink (not fizzy);
- Walking boots/wellingtons or old trainers;
- Warm old clothing (that you don't mind getting a little dirty);
- Warm waterproof coat;
- Hat and gloves.

They can wear their warm old clothing to school on these days and do not need to come to school in their normal uniform.

As the award involves an appreciation of not only our school but the local environment, the children will be spending part of these sessions off the school site. I would be grateful if you could complete the consent form attached to confirm that you are happy for your child to be taken offsite. They will of course be carefully supervised. This consent form can then be used for both sessions.

Many thanks

Mr Jones

PARENTAL CONSENT SLIP

John Muir Award – Friday 15th February and Friday 1st March

I give consent for my child (name of child) to take part in the above activity.

Medical treatment

Please give details of any medical conditions that apply to your child (e.g. asthma, allergies to food, pollen, stings, plasters etc).

.....

*I consent/do not consent to any first aid treatment that may be necessary.

** please delete as appropriate*

Signature of Parent/Guardian Date:.....