



# Bryn Offa Church of England Primary School

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Tel: 01691 830621

Headteacher: Mr P Thompson

Tuesday 17<sup>th</sup> January 2023

Dear Parent/Guardian,

## Year 5 John Muir Sessions

As part of our continued outdoor provision at Bryn Offa, we are offering the Year 5 pupils the opportunity to take part in some activities that will lead to them achieving the John Muir award at the end of Year 6. 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.

The sessions will take place on the following dates:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| * Tuesday 31 <sup>st</sup> January | * Tuesday 28 <sup>th</sup> February |
| * Tuesday 28 <sup>th</sup> March   | * Tuesday 13 <sup>th</sup> June     |

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

- Walking boots or old trainers;
- Old clothing (that you don't mind getting a little dirty);
- A warm, waterproof coat, scarf, hat and gloves (if weather is cold)
- A packed lunch and water bottle;
- A small rucksack to carry the packed lunch and bottle (not a carrier bag please)

They can wear their old clothing to school on these days and do not need to come to school in their normal uniform. A reminder will be sent out to parents on prior to the dates above.

I would be grateful if you could complete the consent form attached and return it to school by **Friday 20<sup>th</sup> January** to confirm that you are happy for your child to be taken offsite on these days. They will of course be carefully supervised.

**\*\*If you would like to order a school packed lunch for these days, please indicate this on the consent form before returning it to school\*\***

Yours sincerely,

Mr Thompson  
Headteacher

**\*\*To be returned to school by Friday 20<sup>th</sup> January\*\***

**PARENTAL CONSENT SLIP**  
**Year 5 John Muir Activities**

Child's full name:.....

**(1) Consent**

I \*give/do not give consent for my child to take part in the John Muir sessions and for them to be taken off site during the sessions.

**(2) Medical treatment**

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

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.....  
.....

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

**(3) School Packed Lunch**

\*  I would like the school to prepare a packed lunch for my child

\*  I do not need the school to prepare a packed lunch for my child

*\* Please delete or tick above as necessary*

Parent/Guardian name (please print) .....

Parent/Guardian signature .....Date:.....

Emergency contact number for day of visits.....