

June 2018

Dear Parent/Carer

Your child has been selected to represent the school in the forthcoming district athletics competition taking place on Tuesday 19 June 2018 at Moorways, Derby.

This is an all-day event. Students will need to register in school at the normal time and then meet at the old gym. We will be leaving school by coach at 8.45am and will return at approximately 3.00pm. Students need to wear their full PE kit and should also bring waterproofs or clothing relevant to the weather. If the weather is sunny please provide your child with sun cream.

Students will need to bring a packed lunch and drinks. **Please be aware that we have students who may be participating in this trip who have a serious nut allergy. Please avoid giving your son/daughter bagged nuts or products with a nut content, as even the smell can cause these students anxiety.** If your child is entitled to free school meals and requires a packed lunch on the day, please tick the relevant box on the attached form.

Please complete, sign and return the attached Parental Consent Form to reception as soon as possible. Students will not be able to compete if this hasn't been returned.

Thank you for your continued support and should you need to discuss this event then please do not hesitate to contact me directly.

Yours sincerely

Mr A Stanley
Head of Performing Arts and PE



TRIP CONSENT, CONTACT AND MEDICAL FORM

Please return to Reception

PLEASE COMPLETE ALL SECTIONS

Student's name				TG	
Trip / Visit to	District Athletics, Moorways, Derby				
Cost	Free				
Date(s) From	Tuesday 19 June 2018		Times	Leaving school at 8.45am, returning at approximately 3.00pm	
Teacher in charge	Mr A Stanley		My child is entitled to free school meals and I would like to request a packed lunch		<input type="checkbox"/>

Please ✓ if appropriate

Student Contact Details

Home address					
Contact telephone numbers (for the duration of the visit / trip)					
Name		Home			
Mobile		Work			
Email					

Alternative contact	Relationship to student:				
Address					
Name		Home			
Mobile		Work			

Medical Information

Name of doctor		Tel no			
Address of surgery					

Please circle as appropriate

Does your child suffer with a medical condition that requires regular treatment?	Yes <small>continue below</small>	No
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My child suffers from .. (e.g. asthma)					
.. and has been prescribed the following medication	Name of medication	Dose	Frequency		

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

Please circle as appropriate

I would like to discuss my child's medical condition with trip leader	YES NO
My child has had an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.

I give authorisation for my child to keep an inhaler with them and use it as required	YES NO
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Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details below)</i>	YES NO

Additional Information

Please include any additional information as required

Photography/Video - Please tick the box if you DO NOT give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	<input type="checkbox"/>
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Please ✓ if appropriate

Declaration by Parent/Carer (or student if over 18)

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print name			