

April 2018

Dear Parent/Carer

The drama department have an exciting opportunity for students to visit Derby Theatre on Friday 4 May 2018 to see a moving play called 'The Laramie Project'. This is a true story about a hate crime that happened in America in 1998. The tickets are completely free of charge but we do ask for a £1 fee to cover the cost of the minibus to take us there. We will be leaving school at 1.30pm and will return at approximately 5.30pm. Students will need to wear full school uniform and have eaten before the trip or bring a packed lunch. **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.**

Our preferred method of payment is via ParentPay. If you choose this option you do not need to complete the attached consent form. If you wish to pay by cheque please complete, sign and return the attached Parental Consent Form and send it, together with your payment, to reception by Friday 27 April 2018; ensuring your child's name and Tutor Group are written on the reverse. If you require a PayPoint barcode please contact the school as soon as possible.

Yours sincerely

Gemma Shuttleworth
Drama Teacher



TRIP CONSENT, CONTACT AND MEDICAL FORM

Please return to Reception

PLEASE COMPLETE ALL SECTIONS

Student's name				TG	
Trip / Visit to	'The Laramie Project', Derby Theatre				
Cost	£1.00	Cheque	<input type="checkbox"/>	Parentpay →	If you have paid via ParentPay you DO NOT need to complete this form
Date(s) From	Friday 4 May 2018			Times	Leaving school at 1.30pm, returning at approximately 5.30pm
Teacher in charge	Gemma Shuttleworth			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
--	--------------------------------------	----

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
---	--------

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"/>
--	--------------------------

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			