

February 2018

Dear Parent/Carer

Tutor2U are conducting an A Level Sociology grade booster session at the Vue Cinema, Star City – Birmingham, on Tuesday 13 March. This is a one-day intensive revision and exam technique workshop. The school is hoping to take all Year 13 sociology students to this workshop so we would strongly advise students to attend as it is excellent preparation for the sociology exams. The cost of the trip is £35 per student, which includes the cost of travel.

Students need to arrive at school for 8.15am in order to leave at 8.30am prompt. We will return to school at approximately 4.30pm. Students will need to 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 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 **Thursday 15 February 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. Places are limited and will be allocated on a first come, first served basis.

If you have any questions, please do not hesitate to contact me.

Yours sincerely

Miss L Jordan

Social Science Teacher

l.jordan@heanorgate.derbyshire.sch.uk



**HEANOR GATE SCIENCE COLLEGE
TRIP CONSENT, CONTACT
AND MEDICAL FORM**
Please complete and return to Student Reception
PLEASE COMPLETE ALL SECTIONS



Student's name			RG	
Trip / Visit to	A Level Sociology grade booster session at the Vue Cinema, Star City - Birmingham			
Cost	£35.00	Cheque	<input type="checkbox"/>	ParentPay → <i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Tuesday 13 March 2018		Teacher in charge	Miss L Jordan
Times	Leaving school at 8.30am, returning at 4.30pm approximately			

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 delete as appropriate

Does your child suffer with a medical condition that requires regular treatment?	Yes continue below	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

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 delete as appropriate

I would like to discuss my child's medical condition with trip leader	YES NO
My child has 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

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.

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 <i>(Please delete as applicable)</i>	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)</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.	
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Declaration by Parent/Carer (or student if over 18)

- I agree to my child attending this trip/visit/activity
- I have read and completed this form and to the best of my knowledge the details given are true and accurate.
- 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.
- 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			