

December 2017

Dear Parent/Carer

**GCSE Photography Course – Year 10**

As part of the photography course, there will be a trip to Marlpool cemetery, which will take place between Monday 8 January 2018 and Wednesday 28 February 2018 (depending on which day your child has photography).

This trip will allow students to take images for their graveyard project. It may be necessary for us to make further trips to the graveyard for various reasons. If so, these will be during your child's double photography lesson. Students will be supervised by a member of staff on all visits.

Please complete, sign and return the attached Parental Consent Form to Reception as soon as possible.

Yours sincerely

V Bartram and J Cooper  
Photography Teachers



**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 | Year 10 Photography trip to Marpool Cemetary       |                   |                        |
| Cost            | £ free   |                   |                        |
| Date(s) From    | Monday 9 January 2018 – Wednesday 28 February 2018 | Teacher in charge | V Bartram and J Cooper |
| Times           | Taking place during Photography lesson             |                   |                        |

**Student Contact Details**

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

|                            |                          |      |  |
|----------------------------|--------------------------|------|--|
| <b>Alternative contact</b> | 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? | <b>Yes</b><br>continue below | <b>No</b> |
|--|------------------------------|-----------|

|  |                    |      |           |
|--|--------------------|------|-----------|
| My child suffers from (e.g. asthma)              |                    |      |           |
| and has been prescribed the following medication | Name of medication | Dose | Frequency |
|  |                    |      |           |
|  |                    |      |           |

|  |                    |      |           |
|--|--------------------|------|-----------|
| 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<br><i>(Please delete as applicable)</i> | YES NO |
|---|--------|

### **Dietary Information**

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

### **Additional Information**

|   |
|---|
| Please include any additional information as required |
|   |

|   |  |
|---|--|
| <b>Photography/Video</b> - Please tick the box if you <b>DO NOT</b> 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. |  |
|---|--|

### **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 |  |      |  |