

June 2018

Dear Parent/Carer

I am pleased to be able to offer your child the opportunity to attend the Year 10 end of year trip. This is to celebrate and recognise their hard work during this academic year and particularly during the mock exams.

The trip is to Alton Towers and will take place on Friday 13 July 2018. The cost per student is £22.00 which includes return coach travel and entrance to the park. We will be leaving school at 9.00am and returning to school at approximately 6.00pm

Students will need to bring a packed lunch or money to purchase food at the venue. **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.

I would like to take as many students as possible on this trip. However, a student may lose their place if their behaviour is not acceptable, between now and the trip day, as the school cannot take students who are a risk to the safety of others. Students who do not go on the trip will be expected to attend school and will be supervised.

**If you wish to pay online please visit ParentPay and go to your child's account.** Please note that 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 29 June 2018, placing it in a **sealed** envelope with your child's name, tutor group and the name of the trip on the front. Please make cheques payable to Heanor Gate Science College. If you have any concerns regarding costs for this trip, please contact Mrs Broderick, PA to the Principal, in confidence on 01773 716396 ext. 7056.

I look forward to a fantastic end of year trip.

Yours sincerely



Miss J Lee  
Year 10 Achievement Leader



## TRIP CONSENT, CONTACT AND MEDICAL FORM

Please return to Reception

**PLEASE COMPLETE ALL SECTIONS**

Student's name				TG	
Trip / Visit to	Year 10 end of year trip to Alton Towers				
Cost	£22.00	Cheque	<input type="checkbox"/>	Parentpay →	If you have paid via ParentPay you <b>DO NOT</b> need to complete this form
Date(s) From	Friday 13 July 2018			Times	Leaving school at 9am, returning at approximately 6pm
Teacher in charge	Miss J Lee			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

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 <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.	<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			