

January 2018

Dear Parent/Carer

The English Department is offering the opportunity for Year 11 students to see 'Jekyll and Hyde' at the Theatre Royal in Nottingham, with Phil Daniels in the role of Dr Jekyll, on Wednesday 21 March 2018 at 7.30pm. It is an excellent chance for students to see the play that they are studying for their GCSEs.

Students do not need to wear school uniform (smart/casual dress). They will need to make their own way to and from the theatre and should arrive in time to meet me at 7.00pm outside the theatre, where we will collect the tickets. I will let you know nearer the day what time the performance will finish. The cost of a ticket is £16.

Our preferred method of payment is via ParentPay. If you wish to pay by cheque please complete and return the attached Parental Consent Form and send it, together with your payment, to reception by Friday 2 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 further questions, please do not hesitate to contact either myself or any other member of the English Department.

Yours sincerely

**Mrs Wood**  
Teacher of English



**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	'Jekyll and Hyde'. Theatre Royal, Nottingham				
Cost	£16.00	Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you <b>do not</b> need to complete this form</i>
Date(s) From	Wednesday 21 March 2018		Teacher in charge	Mrs Wood	
Times	Meeting outside the theatre at 7.00pm. Finish time to be confirmed.				

**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> continue below	<b>No</b>
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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

<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.	
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### **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			