

June 2018

Dear Parent/Carer

I am pleased to be able to offer your child the opportunity to attend one of the following Year 7 end of year trips, both taking place on Thursday 19 July 2018. These are to celebrate and recognise their hard work during the last year.

Cadbury World, Birmingham

The cost per student is **£17.50** which includes return coach travel and entrance to Cadbury World, a tour and a 4D cinema experience. We will be leaving school at 9.15am and returning to school at approximately 4.00pm

Sea Life Centre, Birmingham

The cost per student is **£17.50** which includes return coach travel and entrance to Sea Life Centre. We will be leaving school at 9.00am and returning to school at approximately 3.30pm.

Please note that there is limited availability. Spaces will be allocated on a first come, first served basis.

Students do not need to wear uniform but 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.** 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.

Students who do not wish to go on any of the above trips will be expected to attend school as normal 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 Monday 25 June 2018, placing it in a **sealed** envelope with your child's name, RG 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.

Yours sincerely



Mrs K Pearce
Year 7 Achievement Leader



TRIP CONSENT, CONTACT AND MEDICAL FORM

Please return to Reception

PLEASE COMPLETE ALL SECTIONS

Student's name				TG	
Trip / Visit to	Year 7 end of year trip to Cadbury World, Birmingham				
Cost	£17.50	Cheque	<input type="checkbox"/>	Parentpay →	If you have paid via ParentPay you DO NOT need to complete this form
Date(s) From	Thursday 19 July 2018			Times	Leaving at 9.15am, returning at approximately 4.00pm
Teacher in charge	Mrs K Pearse			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 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"/>
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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			



TRIP CONSENT, CONTACT AND MEDICAL FORM

Please return to Reception

PLEASE COMPLETE ALL SECTIONS

Student's name				TG	
Trip / Visit to	Year 7 end of year trip to Sea Life Centre, Birmingham				
Cost	£17.50	Cheque	<input type="checkbox"/>	Parentpay →	If you have paid via ParentPay you DO NOT need to complete this form
Date(s) From	Thursday 19 July 2018			Times	Leaving at 9.00am, returning at approximately 3.30pm
Teacher in charge	Mrs K Pearse			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 continue below	No
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Signature		Date	
Print name			