

November 2016

Dear Parent/Carer

The drama department have an exciting opportunity for 30 of our students to visit Sheffield on Tuesday 9 May 2017 to see the acclaimed 'Curious Incident of the Dog in The Night Time', which is on a tour following its run at The National Theatre in London. We will be leaving school at 5.30pm and will return to Heanor Industrial Estate at approximately 11.00pm (times will be confirmed nearer the time as the show does not yet have an exact running time).

Students do not need to wear school uniform and are advised to have tea before the trip. The cost per student is £22.00.

**Our preferred method of payment is via ParentPay.** 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 Student Reception by Monday 12 December 2016, 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.

Please note that places are limited and will be allocated on a first come, first served basis.

Yours sincerely

**Gemma Shuttleworth**  
Drama Teacher

**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	'Curious Incident of the Dog in The Night Time', Sheffield				
Cost	£22.00	Cash/Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Tuesday 9 May 2017		Teacher in charge	Gemma Shuttleworth	
Times	5.30pm, returning to Heanor Industrial Estate at approximately 11.00pm				

**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 mark with X if appropriate :*

My child does <b>not</b> suffer from any medical condition requiring regular treatment.	<input type="checkbox"/>
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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			