

December 2016

Dear Parent/Carer

GCSE PE Rock climbing day

I am pleased to be able to offer some of our year 11 GCSE PE students the opportunity to attend a GCSE PE rock climbing day on Monday 19 December 2016 at White Hall Outdoor Education Centre. The purpose of the visit is to improve or consolidate existing rock climbing grades through experience of climbing on an outdoor rock face. Students need to be at school for **7.45am** and will return to school at approximately **4.00pm**.

The day's climbing is **free of charge** but students must 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 will require the following kit for the day:

- Layers of warm clothing
- Gloves for when they are not climbing/belaying
- Waterproof jacket
- Trainers or boots

As places for this opportunity are limited, please complete, sign and return the attached Parental Consent Form to Student Reception by Friday 9 December 2016.

If you have any queries, please do not hesitate to contact me, preferably via email, at astanley@heanorgate.derbyshire.sch.uk

Yours sincerely

Mr A Stanley
Head of PE & Performing Arts

**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	GCSE PE rock climbing day – White Hall Outdoor Education Centre				
Cost	£ free				
Date(s) From	Monday 19 December 2016		Teacher in charge	Mr A Stanley	
Times	7.45am – 4.00pm approximately		My child is entitled to free school meals and I would like to request a packed lunch		

Please mark with ✓ 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 mark with X if appropriate :

My child does <u>not</u> suffer from any medical condition requiring regular treatment.	
--	--

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
---	--------

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

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.	
---	--

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			