

September 2017

Dear Parent/Carer

I have arranged for year 12 and year 13 students to attend lectures on Othello at Carrs Lane Church and Conference Centre in Birmingham on Wednesday 29 November 2017.

There will be four 45 minute lectures as detailed below:-

- Othello: some key critical issues
- Othello and the nature of Shakespearean tragedy
- Language and characterisation in Othello
- How to write about extracts from Othello

For further information please go to <http://sovereigneducation.co.uk/courses/othello>

We will be travelling by coach, leaving school at approximately 9.00am and returning at approximately 5.00pm (depending upon traffic).

Students need to bring a packed lunch or money to purchase food from a café; if a local one can be found! 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. **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.**

The cost of this trip is £37.00 per student. Places are limited and will be allocated on a first come, first served basis.

Our preferred method of payment is via ParentPay. 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 as soon as possible; 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.

Yours sincerely

Mrs G Fox
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	Lectures on Othello, Birmingham				
Cost	£37.00	Cash/Cheque	<input type="checkbox"/>	ParentPay	→ <i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Wednesday 29 November 2017		Teacher in charge	Mrs G Fox	
Times	Leaving school at approximately 9.00am, returning at approximately 5.00pm		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 not suffer from any medical condition requiring regular treatment.	
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My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

My child also uses the following over-	Name of medication	Dose	Frequency

the-counter medication			

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

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.	
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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			