

January 2017

Dear Parent/Carer

On Tuesday 24 January 2017, there is an opportunity for students to visit Deborah Sellwood in her Ilkeston studio for a photography workshop. Students will gain in depth knowledge of a studio setting, and will then be able to take high quality images for their coursework and exam projects.

Students are to make their own way to the studio for 8.30am where we will meet them. We will be at the workshop until 12 noon. Students can then have lunch (packed lunch or bring money to purchase lunch) and make their own way back to school for 12.55pm. Please refer to the attached map for directions. A contribution of £10 towards the cost of this workshop would be greatly appreciated.

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 Friday 20 January 2017, 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.

Yours sincerely

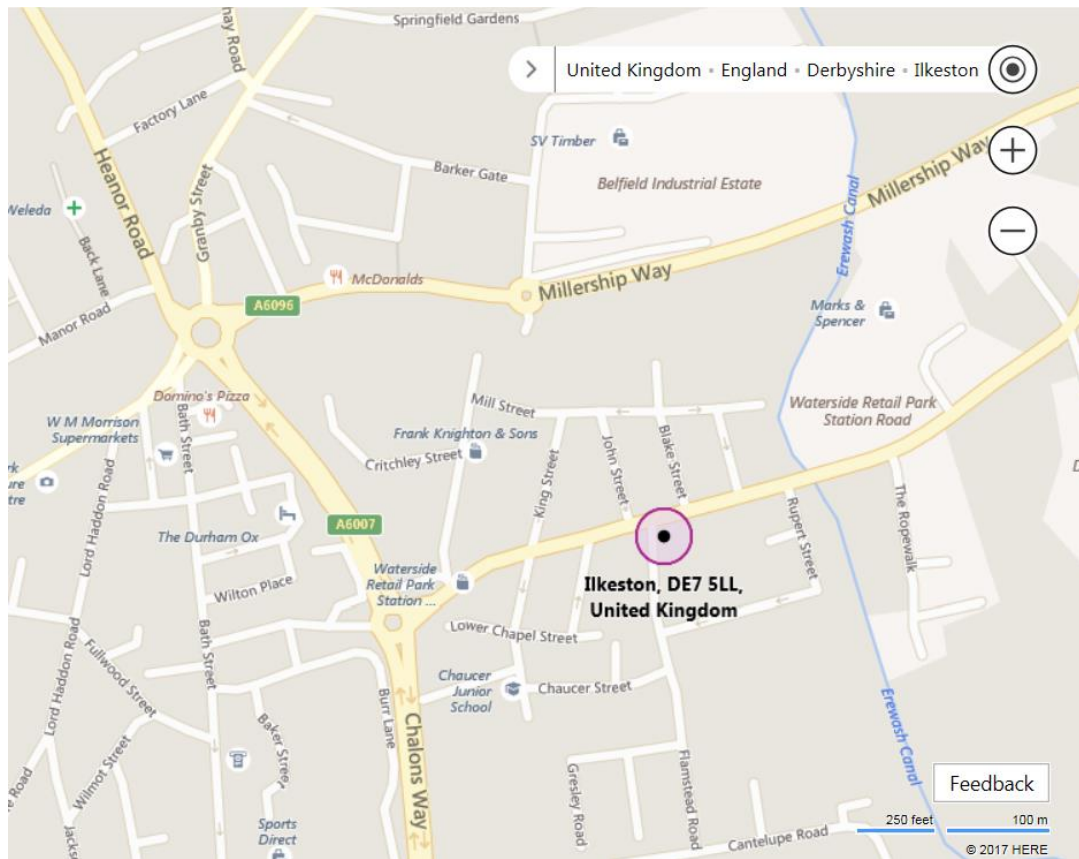
Miss N Wilmott

Teachers of Photography

Mrs V Bartram

The address and map to the studio:

Maltby's Mill, 112 Station Rd, Ilkeston, Derbyshire, DE7 5LL.



**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	Deborah Sellwood Studio, Ilkeston		
Cost	£10.00 contribution	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 24 January 2017	Teacher in charge	Miss N Wilmott/Mrs V Bartram
Times	Meet at the studio at 8.30am, returning to school at 12.55pm.		

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.	<input type="checkbox"/>
---	--------------------------

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			