

September 2017

Dear Parent/Carer

On Friday 20 October 2017, Year 7 will be taking part in a humanities trip to the Open Centre in Derby. Students will be studying religious education in humanities lessons after half term, so this day is designed to give them an insight into a variety of different religions.

Students need to meet in the old gym at 8.50am to register. We will then travel to the Open Centre via coach. Students will take part in 4 different activities focused around religious education:

- A marriage workshop to look at the marriage ceremony in different faiths
- A calligraphy workshop
- A guided visit to the local church
- A guided tour of Normanton to observe the different places of worship and cultural shops

Students will need to wear their school uniform and bring a packed lunch and drink. They will also need to bring a waterproof coat and/or umbrella. **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.

We will return to school for the end of the normal school day at 2.55pm.

The cost of the trip is £11. Our preferred method of payment is ParentPay. If you wish, you may also pay by cheque or by requesting a Paypoint barcode. If you pay by cheque you must complete the attached consent form.

Payments must be received by Wednesday 11 October 2017. Students who do not attend the trip will be expected to attend school as normal.

Yours sincerely



Charlotte Harris  
CTL for Humanities  
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**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	Year 7 humanities trip to the Open Centre, Derby				
Cost	£11.00	Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Friday 20 October 2017		Teacher in charge	Mrs C Harris	
Times	8.50am – 2.55pm		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			

<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)**

- I agree to my child attending this trip/visit/activity
- I have read and completed this form and to the best of my knowledge the details given are true and accurate.
- 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.
- 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			