

September 2016

Dear Parent/Carer

I am pleased to be able to offer your child the opportunity to attend the Year 8 Habitats and Adaptations trip. This is to support the Year 8 science curriculum.

The trip is to Twycross Zoo, Atherstone. This will take place on Wednesday 12 October 2016. The cost per student is **£13.50** which includes return coach travel and entrance to the zoo. There will be a number of activities which are linked to the new Activate curriculum which is being taught this year. We will be leaving school at 9.00am and returning to school at approximately 4.00pm.

Students do not need to wear uniform and will need to 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 who do not wish to go on this trip will be expected to attend school and will take part in school based habitats and adaptations activities.

**The school's preferred method of payment is via ParentPay.** When choosing this option you do not need to complete the attached consent form. If you pay by cash/cheque please complete, sign and return the attached Parental Consent Form and send it, together with your payment, to Student Reception by **Friday 23 September 2016**, 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

Mr N Moore  
KS3 Coordinator

HEANOR GATE SCIENCE COLLEGE  
TRIP CONSENT, CONTACT  
AND MEDICAL FORM



Please complete and return to Student Reception

Student's name		RG	
Trip / Visit to	Year 8 Habitats and Adaptions, Twycross Zoo Atherstone		
Cost	£13.50	Cash/Cheque <input type="checkbox"/>	ParentPay <input checked="" type="checkbox"/> <i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Wednesday 12 October 2016	Teacher in charge	Mr N Moore
Times	Leaving school at <u>9.00am</u> , returning at <u>approximately 4.00pm</u>	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.	
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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 the Welfare Officer (Mrs M Hardy)	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			