

January 2017

Dear Parent/Carer

### **GCSE Photography Course – Year 10**

As part of the photography course, there will be a trip to Marlpool cemetery, which will take place between Monday 16 January 2017 and Friday 3 March 2017 (depending on which day your child has photography).

This trip will allow students to take images for their graveyard project. It may be necessary for us to make further trips to the graveyard for various reasons. If so, these will be during your child's double photography lesson. Students will be supervised by a member of staff on all visits.

Please complete, sign and return the attached Parental Consent Form to Student Reception as soon as possible.

Yours sincerely

**V Bartram, N Wilmott and J Cooper**  
**Photography Teachers**

**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 10 GCSE Photography Course trip to Marpool Cemetery		
Cost	£ free		
Date(s) From	Between Monday 16 January 2017 and Friday 3 March 2017	Teacher in charge	V Bartram, N Wilmott, J Cooper
Times	During photography lesson		

**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 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><u>DO NOT</u></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			