

May 2017

Dear Parent/Carer

I am pleased to be able to offer your child the opportunity to attend the Year 10 end of year trip. This is to celebrate and recognise their hard work during this academic year.

The trip is to Alton Towers and will take place on Friday 14 July 2017. The cost per student is £23.00 which includes return coach travel and entrance to the park. We will be leaving school at 9.15am and returning to school at approximately 5.30pm-6.00pm.

Students will need to bring a packed lunch or money to purchase food at the venue. **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.

I would like to take as many students as possible on this trip. However, a student may lose their place if their behaviour is not acceptable between now and the trip day, as the school cannot take students who are a risk to others. Students who do not go on the trip will be expected to attend school and will be supervised.

If you wish to pay online please visit ParentPay and go to your child's account. Please note that if you choose this option you do not need to complete the attached consent form. If you wish to 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 16 June 2017, placing it in a **sealed** envelope with your child's name, tutor group and the name of the trip on the front. Please make cheques payable to Heanor Gate Science College.

I look forward to a fantastic end of year trip.

Yours sincerely

Mr S Phillips
Year 10 Achievement Leader



**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					
Cost	£23.00	Cash/Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Friday 14 July 2017		Teacher in charge	Mr S Phillips	
Times	Leaving school at 9.15am, returning at 5.30pm-6.00pm approximately		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.	<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			