

November 2016

Dear Parent/Carer

I am pleased to be able to offer your child the opportunity to attend the Year 7 Leicester Space Centre trip. This is to support the Year 7 science curriculum.

The trip will take place on Thursday 4 May 2017. The cost per student is **£15.00** which includes return coach travel and entrance to the space centre. There will be a number of activities which are linked to the Activate curriculum which is being taught this year. We will be leaving school at 9.00am and returning to school at approximately 3.00pm.

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 activities.

**If you wish to pay online please visit Parent Pay 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 cheque please complete the attached Parental Consent Form and return it, together with payment, to Student Reception by **Wednesday 14th December**. 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  
**PLEASE COMPLETE ALL SECTIONS**

Student's name				RG	
Trip / Visit to	Year 7 Leicester Space Centre Trip				
Cost	£15.00	Cash/Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Thursday 4 May 2017		Teacher in charge	Mr N Moore	
Times	9.00am – 3.00pm		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><u>not</u></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)**

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			