

May 2017

Dear Parent/Carer

To celebrate the end of Year 8 we are offering the opportunity to go on one of two trips on Thursday 20 July 2017.

### **Sea Life Centre, Birmingham**

We have secured tickets for 49 students to go to the Sea Life Centre, Birmingham. This will be a fantastic trip where students will have a tour of the centre and see some of the new exhibits. **The cost of this trip is £17.50** – this includes entry ticket and coach travel to Birmingham. We will be leaving at 9.00am. Therefore, students will need to be at school for 8.30am. We will be arriving back at school at approximately 3.00pm. Students do not need to wear school uniform but will need to wear comfortable shoes.

Whilst there is a café on site from which students can purchase food from, we would advise students bring a packed lunch. **Please be aware that we have students who may be participating in these trips 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.

As places are limited, these will be allocated on a first come, first served basis.

### **Bounce Revolution, Derby**

We have also secured places at Bounce Revolution in Derby. We will be leaving school at 10.15am and will return to school for 3.00pm. **The cost of this trip is £24.50.** This includes exclusive use of the venue, food and unlimited drinks. Students will need to wear comfortable and appropriate clothing for this activity.

These are two great opportunities which we hope our students will take advantage of. Students who do not go on any of the trips will be expected to attend school and will be supervised.

Our preferred method of payment is via ParentPay. If you choose this option you do not need to complete a consent form. If you wish to pay by cheque please complete, sign and return the attached Parental Consent Form and send it, together with your payment, to Student Reception by Friday 7 July 2017, 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.

The school reserves the right to refuse permission for any student to attend any of the above trips if his/her behaviour or attitude at school is thought to be unacceptable. No refunds will be given to students being removed from a trip.

Yours sincerely



**Mr M J Tyler**  
Year 8 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	Sea Life Centre, Birmingham				
Cost	£17.50	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 20 July 2017		Teacher in charge	Mr M J Tyler	
Times	Leaving school at 9.00am prompt, returning at 3.00pm 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			

<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

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			



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TRIP CONSENT, CONTACT  
AND MEDICAL FORM**



Please complete and return to Student Reception

**PLEASE COMPLETE ALL SECTIONS**

Student's name				RG	
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Times	Leaving school at 10.15am, returning to school at 3.00pm.				

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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

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Signature		Date	
Print name			