

September 2017

Dear Parent/Carer

The English department is offering the opportunity for year 9 students to visit the Imperial War Museum in Manchester on Friday 20 October 2017.

Students have studied conflict poetry in year 8, and will be studying the conflict poetry cluster at the end of this year in preparation for their GCSEs. This is a great opportunity for students to see some of the inspiration behind the poems they have studied in depth.

Students need to arrive at school for 8.45am and we will be leaving school at 9.00am prompt. We will return to school at approximately 4.00pm. Students will need to bring a packed lunch and money if they would like to purchase anything whilst at the museum. Full school uniform must be worn but students can wear comfortable shoes.

The cost of the trip is £9.50 per student. Our preferred method of payment is via ParentPay. 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, sign and return the attached Parental Consent Form and send it, together with your payment, to Main Reception by Friday 6 October 2017; ensuring your child's name and Tutor Group are written on the reverse. If you require a PayPoint barcode please contact the school as soon as possible.

If you have any questions, please do not hesitate to contact me.

Yours sincerely

Kim Tate  
English KS3 Co-ordinator  
ktate@heanorgate.derbyshire.sch.uk



**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	£9.50	Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Friday 20 October 2017		Teacher in charge	Kim Tate	
Times	Leaving school at 9.00am prompt, returning at 4.00pm 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.	<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

	Name of medication	Dose	Frequency
--	--------------------	------	-----------

My child also uses the following over-the-counter medication			

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

<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.	
---	--

### **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			