



Ref: HNO/TOB/TripsDrayton Manor

11th June 2018

Dear Parent/Carer,

Our end of year trip this year will take place on Tuesday 17th July 2018. We are going to Drayton Manor. The total cost of this trip will be £25.00 per student.

We will be out all day; students will need to be in school at normal time (8.30am) to depart to Drayton Manor. We will return to school at 6.00pm approximately. Students may wear their own clothes but must ensure they are dressed appropriately for the weather and being outdoors for the day. They may bring money to spend on food and souvenirs whilst at the park, but this is to be a maximum of £10.

Attached to this letter is a medical form that will need to be returned to school, **without this medical information we will not be allowed to take your child off site.**

Could you please complete the medical form and reply slip below to be returned to school in an envelope with your child's name and form, **along with the full cost of the trip at £25.00** by Friday 6th July 2018. This trip will have a limited number of places on a first come first served basis.

Yours sincerely,

Mr T O'Brien
Assistant Headteacher

.....
Drayton Manor Trip Tuesday 17th July 2018

Please complete the slip below to indicate whether your child can attend: *(please tick the box)*

Student's Name & Form: _____

I give permission for my child to attend the Drayton Manor Trip and **I enclose the full non-refundable cost of the trip £25.00.**

Signed: _____

Date: _____



STUDENT CONSENT AND EMERGENCY CONTACT FORM – UNDER 18

This form must be completed by Parent/Carer and signed on both sides.

Student Information

Details and Date of Visit: **Drayton Manor Theme Park – Tuesday 17th July 2018**

Student Name: _____ Form: _____

Address: _____

Home Telephone: (include code) _____

Parent / Carer Name: _____

<p>Diet Declaration: (please tick as appropriate) My child's diet is:-</p> <p>All food <input type="checkbox"/> No meat/fish <input type="checkbox"/> Other (please give details below) <input type="checkbox"/></p> <p>He/She requires:- _____ Continue overleaf if necessary</p>

Consent (Please tick as appropriate)

I am aware of the nature of the Programme that my child is about to take part in, and I understand that I can seek more detailed information by telephone/in writing from the following:

_____ (Leader in charge/principle/course co-ordinator)

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

I consent to my child taking part in all activities organised by the staff in connection with the Programme.

Signed: _____
Parent/Carer

Date: _____

EMERGENCY CONTACTS AND MEDICAL INFORMATION

The following information will be treated in confidence.

Student Name _____ Age _____ Date of Birth _____

Parent / Carer Name _____

Address: _____

Home Telephone (code _____) _____ Mobile _____

If parents / carers can be contacted at work please give the telephone numbers

Name _____ Phone No (code _____)

Emergency Contact Numbers (Please delete as appropriate)

Relatives (R) or neighbours (N) that could help contact Parents/Carers quickly in case of emergency.

Name _____ (R or N) Phone No (code _____)

Name _____ (R or N) Phone No (code _____)

Name _____ (R or N) Phone No (code _____)

1. Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other.

_____ None

2. Is your child currently taking any medication? E.g. Antibiotics

_____ None

3. Is there anything else you would wish to bring to the Programme Leaders' attention? E.g. Travel sickness, incontinence, sleepwalker/restless sleeper or any other special needs.

_____ None

Own Doctors Name _____ NHS No. _____

Address _____

In the event of a medical emergency every possible effort will be made to contact you. We request that you agree to your child receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree it will not necessarily bar your child from attending, but we would be grateful if you would discuss this matter with :-

Your Leader in Charge/Principal/Course Co-ordinator: **Mr T O'Brien – Assistant Headteacher**

I consent to my child receiving medical treatment in the event of an emergency.

Signed: _____ Date: _____
Parent/carer

Please return form to: **City Academy Reception**