

September 2016

Dear Parent/Carer

As part of your child's drama qualification, it is important that they see a range of work by professional companies through regular visits to theatres. This will give students an understanding of various practitioners and genres which they will use in their own performance work for examination. I have booked tickets for two performances by acclaimed playwrights and theatre companies as follows:-

Tuesday 20 September 2016

'This Might Hurt' written and directed by John Godber. Students are to make their own way to and from Derby Theatre and should meet at the entrance at 7.00pm. The performance will end at approximately 9.15pm. The cost per student is £9.50.

Friday 14 October 2016

'Things I know to be True' by Andrew Bovell, performed by internationally renowned physical theatre company Frantic Assembly. We will be leaving school at 5.15pm, travelling by mini bus to Warwick Arts Centre. We will return to **Heanor Gate Industrial Estate** at approximately 11.00pm. Students will contact you on route home to give a more accurate arrival time. The cost per student is £20, which includes return travel and ticket. Students do not need to wear school uniform but should wear smart/casual clothes.

There are limited tickets available for these performances and places will be allocated on a first come, first served basis.

Please note that both performances contain strong language. Further information can be found on the theatres' websites - <https://www.derbytheatre.co.uk>
<http://www.warwickartscentre.co.uk>

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, sign and return the attached Parental Consent Form and send it, together with your payment, to Student Reception as soon as possible, placing it in an 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).

Yours sincerely

Francesca Willmott
Drama Teacher

**HEANOR GATE SCIENCE COLLEGE
TRIP CONSENT, CONTACT
AND MEDICAL FORM**



Please complete and return to Student Reception

Student's name		RG	
Trip / Visit to	'This Might Hurt' performance at Derby Theatre		
Cost	£9.50	Cheque <input type="checkbox"/>	ParentPay <input type="checkbox"/> → <i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Tuesday 20 September 2016	Teacher in charge	Francesca Willmott
Times	Meeting at Derby Theatre at 7.00pm, leaving Derby Theatre at 9.15pm approximately		

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"/>
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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	Name of medication	Dose	Frequency
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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 the Welfare Officer (Mrs M Hardy)	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

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.	
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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			

**HEANOR GATE SCIENCE COLLEGE
TRIP CONSENT, CONTACT
AND MEDICAL FORM**



Please complete and return to Student Reception

Student's name		RG	
Trip / Visit to	'Things I know to be True', Warwick Arts Centre		
Cost	£20.00	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 October 2016	Teacher in charge	Francesca Willmott
Times	Leaving school at 5.15pm	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.	
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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 the Welfare Officer (Mrs M Hardy)	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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Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details)</i>	YES NO

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Declaration by Parent/Carer (or student if over 18)

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8. 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			