

October 2016

Dear Parent/Carer

We are pleased to be able to offer your child the opportunity to attend one of the Key Stage 4 Christmas reward trips, taking place on Monday 19 December 2016. This is to celebrate and recognise their hard work during the last term. The trips available are as follows:-

**Snowdome – Tamworth**. Leaving school at 9.30am, returning to school at approximately 3.30pm. Cost per student is £28.00 which includes 1 ½ hours ice skating (including skate hire) and 45 minutes tobogganing. Students must bring a packed lunch or money to purchase food at the venue. **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. A non-refundable deposit of £5.00 is required to reserve a place or payment in full. If only paying a deposit, regular payments are expected, with the final balance to be paid by Friday 4 November 2016.

**Derby**. Leaving school at 9.00am, returning to school at approximately 3.30pm. Cost per student is £20.00. Students will have time to browse around the shops at Intu Shopping Centre before walking to Bounce Revolution for a 1 hour trampoline session (socks included). Lunch will then be provided as part of the package (pizza and a drink). **Please note that students must wear their uniform whilst walking around Intu.** They can bring a change of clothes for the trampoline session.

**MFA Bowling, Derby Road, Ilkeston, DE7 5FH**. Cost per student is £10.00, which includes 2 hours of bowling and lunch (burger, fries and a drink). Please note that to keep costs down, students will need to make their own way to and from the venue. Students will need to meet at 10.00am and will need collecting at 1.00pm.

**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 relevant attached Parental Consent Form and send it, together with your payment, to Student Reception by Friday 4 November 2016, 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.

**Please note that places for all of the above trips are limited and will be allocated on a first come, first served basis.**

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



S Phillips  
Achievement Leader – Year 10



G Tyers  
Achievement Leader – Year 11

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



Please complete and return to Student Reception

**PLEASE COMPLETE ALL SECTIONS**

**(Do not complete this form if you have paid by ParentPay)**

Student's name		RG	
Trip	KS4 Christmas reward trips – Monday 19 December - Please choose ONE from the list below:		

✓

<b>Snowdome, Tamworth</b> (9.30-3.30pm)		<b>£28.00 (£5.00 deposit required)</b>	Cheque enc. <input type="checkbox"/>	My child is entitled to free school meals and I would like to request a packed lunch  <input type="checkbox"/>
<b>Intu &amp; Bounce Revolution</b> (9.00-3.30pm)		<b>£20.00 (payment in full)</b>	Cheque enc. <input type="checkbox"/>	
<b>AMF Bowling</b> (Meet at venue 10.00am – collect from venue at 1.00pm)		<b>£10.00 (payment in full)</b>	Cheque enc. <input type="checkbox"/>	

**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.	
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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			