

September 2016

Dear Parent/Carer

The drama department has an exciting opportunity for 30 of our year 9 students to visit London for a fantastic theatre day on **Wednesday 12 October 2016**. Students will be participating in a workshop at the world famous Pineapple Dance Studios with a member of the cast from 'The Lion King'. Students will then watch a matinee performance of this. The West End is a fantastic place to view theatre and renowned for its amazing stage shows; of which The Lion King is no exception.

We will be leaving school at 7.00am and will return at approximately 9.30pm. The cost of this trip is £77, which includes an 'eat as much as you want' buffet at Pizza Hut.

If your son/daughter would like to go on this trip, a deposit of £25 is required by Friday 16 September 2016. The remaining balance will need to be paid by Wednesday 5 October 2016. Students do not need to wear school uniform but should wear casual, comfortable clothing and it is advisable to bring drinks and snacks and money for tea should they need it. **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.**

You can pay for this trip by logging in to your child's Parent Pay account. When 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 deposit to Student Reception by Friday 16 September 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. Places are limited and will be allocated on a first come, first served basis.

Yours sincerely

Gemma Shuttleworth
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	Pineapple Dance Studios, London		
Cost	£77.00	Cheque <input type="checkbox"/>	ParentPay <input checked="" type="checkbox"/> → <i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Wednesday 12 October 20165	Teacher in charge	Gemma Shuttleworth
Times	Leaving school at 7.00am, returning at approximately 9.30pm		

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

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			