

July 2017

Dear Parent/Carer

As part of the science curriculum students are required to carry out environmental fieldwork. Therefore, we will be visiting Shipley Park on Tuesday 11 July 2017, leaving school at 10.30am and returning by 12.45pm. Students should wear sensible footwear for this activity.

We will be off site for lunch so students will need to bring a packed lunch. **Please be aware that we have students who may be participating in this activity 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.

Please complete, sign and return the attached Parental Consent Form to Student Reception as soon as possible.

Yours sincerely

Emma Parkin
KS4 Coordinator for Science



**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	Shiple Park fieldwork trip		
Cost	£ free		
Date(s) From	Tuesday 11 July 2017	Teacher in charge	Emma Parkin
Times	Leaving school at 10.30am, returning to school at 12.45pm	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.	
---	--

My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

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
---	--------

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.	
---	--

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			