

October 2016

Dear Parent/Carer

The Year 11 public services group has been studying adventurous activities over the last few weeks and I have arranged to take them to Shipley Park on Friday 14 October 2016, to enable them to enhance their navigation skills on the orienteering course.

We will be leaving school by minibus after lunch and will be off site for periods 4 and 5. If you are happy for your child to walk home from the park, please indicate this on the attached form.

Students need to bring appropriate footwear and sports clothes to change into (trainers are fine) for use at Shipley Park. If the weather is inclement, a waterproof jacket can be provided by the public services stores. There is no cost for this trip.

Please complete, sign and return the attached Parental Consent Form to Student Reception on the Friday morning.

Yours sincerely

Mr M Jackson
Teacher of Public Services

**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 | Year 11 Public Services trip to Shipley Park | | |
| Cost | £ free | | |
| Date(s) From | Friday 14 October 2016 | Teacher in charge | Mr M Jackson |
| Times | Periods 4 & 5 | My child will be walking home from the park <input type="checkbox"/> ✓ My child will be returning to school <input type="checkbox"/> ✓ | |

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 |
| | | | |
| | | | |

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 |
|---|--------|

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 | | | |