July 2017

Dear Parent

**Visit to Lords Cricket Ground – Year 8 & 9**

I am writing to inform you about a school visit to Lords Cricket Ground on Tuesday 11th July. The aim of this visit is to attend the MCC vs Afghanistan 50-Over cricket match. This is a reward match for students in Years 8 and 9 for their fantastic effort and attitude in PE, and on the school cricket team.

Students will leave the school at 9.55am, meeting in the school library and travel by train to and from Lords Cricket Ground, returning to school at 5.30pm. Students will be required to wear sensible, casual clothing. You should provide your child with a packed lunch for this trip plus water. Refreshments may be purchased at the ground for an additional cost. It is also recommended that students have sunscreen and a hat with them.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

There is no cost for this trip, as the tickets have been kindly donated by a year 13 student, who represents Pakistan at under 19 level. Please note that there are a limited number of places available and these will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

By consenting on to this trip, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me at the school on 01895 234 060.

Yours sincerely

**T Wolf**

**Sports and Education Coordinator**



**EMERGENCY CONSENT FORM**

**VISIT TO LORDS CRICKET GROUND**

Please return to T Wolf by Monday 10th July 2017

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| --- | --- | --- | --- |
| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
| **PARENT NAME:** |  | | |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  | | |
| **MOBILE TELEPHONE NO:** |  | | |
| **HOME TELEPHONE NO:** |  | | |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  | | |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** | | | |
| **NAME:** |  | | |
| **CONTACT TELEPHONE NO:** |  | | |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.