

November 2017

Dear Parent

**Visit to The Barbican Centre – Year 12**

I am writing to inform you about a school visit to The Barbican Centreon Tuesday 7th November. The aim of this visit is to watch a showcase of film competition winners and see the Royal Shakespeare Company production of Coriolanus.

Students will leave the school at 12pm on Tuesday 7th October and travel by public transport to and from The Barbican Centre, returning to Uxbridge Station at approximately 11pm, where students will be dismissed to make their own way home unsupervised. Students will be required to bring their own Oyster card to travel and should ensure there is enough money on it for this journey. Students should wear smart clothing, including shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip, they will also require some money to purchase dinner at the venue**.**

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, however 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.

Yours sincerely

**A Walker**

**Head of Visual and Preforming Arts**



**EMERGENCY CONSENT FORM**

**VISIT TO THE BARBICAN CENTRE**

Please return to A Walker by Monday 6th November 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.