

October 2017

Dear Parent

**Visit to HMP Brixton– Years 9 & 10**

I am writing to inform you about a school visit to HMP Brixton on Wednesday 13th December 2017. The aim of this visit is participate in the student programme regarding poor life choices, which is designed to encourage students to make positive life choices.

Students will leave the school at 8.30am on Wednesday 13th December and travel by school minibus to and from HMP Brixton, returning to school between 3.30pm and 4pm. Students will be required to wear school uniformincluding shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip.

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 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

**R Harrison**

**Guidance Leader – Tudor House**



**EMERGENCY CONSENT FORM**

**VISIT TO HMP BRIXTON**

Please return to Miss Harrison by Wednesday 29th 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.