22 May 2017

Dear Parent

**Visit to Goldsmiths College, School of Journalism – Year 10**

I am writing to inform you about a school visit to Goldsmiths College, School of Journalism on Friday 9th June. The aim of this visit is to attend the ‘Speaking For My Generation’ conference for students to view journalists.

Students will leave the school on Friday 9th June and travel by mini bus to and from Goldsmiths College, leaving at 8.15am and returning at 4.30pm. Students will be registered at 8.15am in room B6 and dismissed upon arriving back to school at 4.30pm. 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.

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.

There is no cost of this trip, however only students with an exemplary record of behaviour will be eligible to attend.

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

Yours sincerely

**S Walsh**

**Assistant Curriculum Leader – English**

**EMERGENCY CONSENT FORM**

**VISIT TO GOLDSMITHS COLLEGE**

Please return to S Walsh by Friday 26th May 2017

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
| **NATIONALITY:** |  | | |
| *(Please note if your child was born outside the UK, full details of both parents will also be required. A student who is not a British National will need to bring his or her own passport.)* | | | |
| **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.