December 2017

Dear Parent

**Visit to Airport Bowl – Year 10 & 11**

I am writing to inform you about a school visit to Airport Bowl, Heathrowon Wednesday 20th December. This is a rewards trip for GCSE students who have worked well this term.

Students will leave the school at 1.30pm on Wednesday 20th December and travel by school minibus to and from Airport Bowl, returning between 3.30pm and 4pm. Students will be required to wear school uniform,including shoes (no trainers or jeans allowed). Refreshments will be available 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 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

**T Emery**

**PE Teacher**



**EMERGENCY CONSENT FORM**

**VISIT TO AIRPORT BOWL**

Please return to Mr Emery by Friday 15th December 2017

|  |  |  |  |
| --- | --- | --- | --- |
| **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.