

October 2017

Dear Parent

**Hillingdon Interfaith Conference – Year 10**

I am writing to inform you about a school visit to Swakeleys School on Wednesday 15th November 2017. The aim of this visit is to attend the Hillingdon Interfaith Conference with other schools from the borough.

Students will leave the school on Wednesday 15th November and travel by bus and then walk to and from Swakeleys School. Students will be required to wear school uniformincluding shoes (no trainers or jeans allowed) and lunch will be provided by 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.

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.

Please complete and return the attached consent form by Friday 10th November 2017.

If you have any further queries, please do not hesitate to contact me.

Yours sincerely

**C Brown**

**RE Teacher**



**CONSENT FORM**

**VISIT TO SWAKELEYS SCHOOL**

Please return to C Brown by Friday 10th 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.