

October 2017

Dear Parent

**Visit to Docklands – Year 12**

I am writing to inform you about a school visit to the Docklands on Tuesday 31st October 2017. The aim of this visit is to develop knowledge about the regeneration of the Docklands and collect primary data.

Students will meet at Uxbridge tube station at 9am on Tuesday 31st October and travel by public transport to and from the Docklands. We will return to Uxbridge Station at approximately 5pm, where students will be dismissed to make their own way home. Students will be required to wear smart, comfortable clothing and should also have enough money on their oyster cards to enable them to travel. 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 but 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

**A Charlebois**

**Leading Practitioner – Humanities**



**EMERGENCY CONSENT FORM**

**VISIT TO DOCKLANDS**

Please return to Ms Charlebois by Friday 20th October 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.