16th November 2017

Dear Parent

**Visit to Inter-Borough Science Quiz – Years 7 & 8**

We are delighted to let you know that your son/daughter has been selected to participate in the

Inter-Borough Science Quiz, to be held at Bishop Ramsey School on Wednesday 22nd November.

Students will attend school as normal on Wednesday 22nd November, but then will go to room S7 at the start of period 5 where they must meet to register. Students will then leave school at 2.45pm. Students will travel by taxi to and from Bishop Ramsey School, accompanied by Ms Purewal. They are expected to return to the school at 5.30pm. Please make arrangements to collect your child from the school car park at this time. Students will be required to wear school uniform,including shoes (no trainers or jeans allowed).

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.

By consenting on ParentPay, 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

**J Kaur**

**Curriculum Leader – Science**



**EMERGENCY CONSENT FORM**

**VISIT TO INTER-BOROUGH SCIENCE QUIZ**

Please return to Ms Kaur by Monday 20th November 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.