December 2017

Dear Parent

**Visit to Royal Shakespeare Company – Year 12**

I am writing to inform you about a school visit to the Royal Shakespeare Company, Stratford Upon Avonfrom Monday 22nd January until Friday 26th January 2018. On this visit, students will have the opportunity to work back stage at the RSC.

Students will leave the school at 6pm on Monday 22nd January and travel by train to and from Stratford Upon Avon, returning at approximately 6.50pm on Friday 26th January. Students will be required to bring comfortable clothing to wear on this trip. Students will be staying at Hemmingford House, Stratford Upon Avon and food and drink will be provided. However, they may require a small amount of money should they wish to purchase souvenirs.

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 at the school on 01895 234 060.

Yours sincerely

**A Moore**

**Drama Teacher**



**EMERGENCY CONSENT FORM**

**VISIT TO RSC**

Please return to A Moore 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.