May 2018

Dear Parent

**Visit to the Hillingdon Secondary Book of the Year Awards – Year 7**

I am writing to inform you about a school visit to attend the Hillingdon Secondary Book of the Year Awards at the Civic Centre, Uxbridge on Monday 22nd May 2018. As well as watching the awards ceremony, students will also get the opportunity to meet the four authors who have been shortlisted for the award and take part in a workshop.

Students will leave the school at 9.15amon Monday 22nd May and walk to and from the Civic Centre, returning to school at 1pm. 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.

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

**J Sibblis-Boyce**

**Learning Resource Centre Manager**



**EMERGENCY CONSENT FORM**

**VISIT TO THE HILLINGDON SECONDARY BOOK OF THE YEAR AWARDS**

Please return to Mrs Sibblis-Boyce by Tuesday 8th May 2018

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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.