April 2018

Dear Parent

**Visit to Emirates Stadium – Year 7**

I am writing to inform you about a school visit to the Emirates Stadium, London on Tuesday 8th May. This visit is for the students who submitted the winning entry to the Arsenal Double Club Spanish competition. Students will get the opportunity to visit the Emirates Stadium, learn about the daily life of footballers and how languages have helped to develop their careers.

Students must meet at Uxbridge Station at 8.30am on Tuesday 8th May, where they will be registered and travel by train to and from the Emirates Stadium, returning to Uxbridge Station at 4.30pm. Please note parents will be expected to collect their child from Uxbridge Station at 4.30pm. Please ensure that your child has a valid zip/oyster card, topped up with enough money for the entire journey. Students will be required to wear school uniform, however should wear sports shoes or trainers. You should provide your child with a packed lunch for this trip.Students will also be required to bring a note pad and pen or pencil.

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 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

**R Goddard**

**Curriculum Leader – MFL**



**EMERGENCY CONSENT FORM**

**VISIT TO EMIRATES STADIUM**

Please return to Ms Goddard by Monday 23rd April 2018

|  |  |
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| **FULL NAME OF STUDENT:** |  |
| **DATE 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.