April 2018

Dear Parent

**Visit to Wembley Stadium – Years 7 to 10**

I am writing to inform you about a school visit to Wembley Stadiumon Saturday 5th May 2018. The aim of this visit is watch the SSE Women’s FA Cup Final.

Students will meet at Uxbridge station at 11.15am on Saturday 5th May and travel by tube to and from Wembley Stadium, returning at 6pm. Students will be dismissed from Uxbridge station. 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.

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.

There is no cost of this trip, however students will be required to have enough money on their oyster/zip card to pay for travel to and from the venue. Students are also permitted to bring a small amount of money with them to purchase refreshments at the venue.

Please note that the visit will only take place if we have a sufficient number of students.

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 234060.

Yours sincerely

**T Wolf**

**Head of Windsor House / PE Teacher**



**EMERGENCY CONSENT FORM**

**VISIT TO WEMBLEY STADIUM**

Please return to Mr Wolf by Friday 27th April 2018

|  |  |  |  |
| --- | --- | --- | --- |
| **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.