March 2018

Dear Parent

**Visit to Ravensbourne University, North Greenwich – Year 9**

I am writing to inform you about a school visit to Ravensbourne University, North Greenwich on Friday 20th April. The aim of this visit is participate in a live lesson with the Royal Shakespeare Company. Students will have a lesson with actors from the current production of Macbeth, the lesson will be filmed and streamed around the country for other schools to participate.

Students will meet at Uxbridge tube station at 7am on Friday 20th April and travel by train to and from Ravensbourne University, returning to school at 2pm. Students will be required to wear school uniform, including shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip. Students are also required to have their own zip card.

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 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

**A Walker**

**Head of Visual and Performing Arts**



**EMERGENCY CONSENT FORM**

**VISIT TO RAVENSBOURNE UNIVERSITY, NORTH GREENWICH**

Please return to Miss Walker by Monday 16th April 2018

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
| **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.