March 2018

Dear Parent

**Visit to Harrow School – Year 7 & 8**

I am writing to inform you about a school visit to Harrow School on Monday 26th March 2018. The aim of this visit is to take part in a debating event, which will help to increase students’ confidence, speaking and language skills.

Students will leave the school at 8am on Monday 26th March and travel by minibus to and from Harrow School, returning to school at 6pm. 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.

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 on 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

**J Lee**

**History Teacher**



**EMERGENCY CONSENT FORM**

**VISIT TO HARROW SCHOOL**

Please return to Mr Lee by Friday 23rd March 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.