

Dear Parent

## Visit to Uxbridge Town Centre - Year 11

I am writing to inform you about a school visit to Uxbridge town centre on Friday 20<sup>th</sup> April. The aim of this visit is carry out field work on the human element of the GCSE Geography coursework.

Students will leave school at 2pm on Friday 20<sup>th</sup> April and travel on foot to and from Uxbridge town centre, returning to school at 4pm. If you give permission for your child to be dismissed from Uxbridge town centre, please add a note to the bottom of the attached consent form. Otherwise, students will be escorted back to the school site for dismissal. Students will be required to wear school uniform, including shoes (no trainers or jeans allowed). Students will also require a waterproof coat or jacket, a notebook and pen.

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.

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

A Gill Curriculum Leader – Geography



## EMERGENCY CONSENT FORM VISIT TO UXBRIDGE TOWN CENTRE

Please return to Mr Gill by Tuesday 17th April 2018

DATE OF BIRTH:  PLACE OF BIRTH:  PARENT NAME:  PARENT SIGNATURE:  DAYTIME CONTACT NO:  MOBILE TELEPHONE NO:  HOME TELEPHONE NO:  ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:  ALTERNATIVE EMERGENCY CONTACT DETAILS:  NAME:  CONTACT TELEPHONE NO:	FULL NAME OF STUDENT:	
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	DATE OF BIRTH:	
PARENT SIGNATURE:  DAYTIME CONTACT NO:  MOBILE TELEPHONE NO:  HOME TELEPHONE NO:  ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:  ALTERNATIVE EMERGENCY CONTACT DETAILS:  NAME:  CONTACT TELEPHONE	PLACE OF BIRTH:	
DAYTIME CONTACT NO:  MOBILE TELEPHONE NO:  HOME TELEPHONE NO:  ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:  ALTERNATIVE EMERGENCY CONTACT DETAILS:  NAME:  CONTACT TELEPHONE	PARENT NAME:	
MOBILE TELEPHONE NO:  HOME TELEPHONE NO:  ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:  ALTERNATIVE EMERGENCY CONTACT DETAILS:  NAME:  CONTACT TELEPHONE	PARENT SIGNATURE:	DATE:
HOME TELEPHONE NO:  ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:  ALTERNATIVE EMERGENCY CONTACT DETAILS:  NAME:  CONTACT TELEPHONE	DAYTIME CONTACT NO:	
ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:  ALTERNATIVE EMERGENCY CONTACT DETAILS:  NAME:  CONTACT TELEPHONE	MOBILE TELEPHONE NO:	
OR DIETARY REQUIREMENTS:  ALTERNATIVE EMERGENCY CONTACT DETAILS:  NAME:  CONTACT TELEPHONE	HOME TELEPHONE NO:	
NAME:  CONTACT TELEPHONE	OR DIETARY	
CONTACT TELEPHONE	ALTERNATIVE EMERGENCY	CONTACT DETAILS:
	NAME:	

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.