



April 2017

Dear Parent/Carer

Re: Activities Week - Edinburgh 2017

The Science department is running an exciting residential trip to Edinburgh for three nights this coming July, during Activities Week. We will be departing on Monday 17 July and returning on Thursday 20 July. This trip is open to 30 pupils from Years 7-9. The trip will cost £310 which includes breakfast, evening meals and accommodation while in Edinburgh, executive coach travel and travel insurance. Students will need to provide their own spending money.

The itinerary of the trip includes:

- Entrance to Edinburgh Dungeon
- Entrance to Edinburgh Zoo
- Entrance to Royal National Museum of Scotland
- Entrance to Edinburgh Castle
- Evening meals in Hard Rock Café, Pizza Hut and Las Iguanas

Under current legislation, the school is able to ask if you would make a voluntary contribution towards the cost of the visit. However, if the total of voluntary contributions does not cover the cost of the visit, then we will not be able to proceed. To make this visit possible, the school will need a contribution of £310. Please contact Miss Tembey in the Finance Office on extension 665 if you wish to request financial support. We do hold a small fund to support families in cases where certain criteria are met.

Finally, I must draw your attention to the fact that should the behaviour of your child become unsatisfactory in any way between now and the proposed visits, they may well be withdrawn from the trip. Parents will be informed of this, but they should be aware that if this is late in the planning of the visit, monies may not be refundable depending on the charge to the travel company.

If your child would like to go on this trip, please return the reply slip overleaf with an initial non-refundable deposit of **£100** by **Friday 19 May**, as the excursions need to be secured with the travel company as a matter of urgency. This should preferably be in the form of a cheque made payable to 'The Elizabethan Academy'. The deposit and reply slip should be placed in a sealed envelope clearly marked "**Edinburgh Science Trip Activities Week 2017**" with the child's name and form. Please ensure that this is handed to the Finance Office. The remaining balance for the trip of £210 is due by **Thursday 15 June**. **Also, please note that if you choose to remove your child from the trip for any reason, any monies paid will be non-refundable.**

If you have any questions, please do not hesitate to contact me at the school on extension 634.

Yours sincerely

Miss H McGill
Head of Science

Principal: Mrs Christine Horrocks BSc (Hons) NPQH Chair of Governors: Dr Derek Cheetham

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For the attention of the Finance Office

Edinburgh Trip 17-20 July 2017

Student Name: Form:

I give permission for my child to go on the trip to Edinburgh and enclose my **non-refundable deposit** of £100.

I will send the final payment of £210 in to school before the 15 June 2017.

Signed Parent/Carer:

Date:

*** Please complete, sign and return the enclosed EV4 form.**



CONFIDENTIAL
PARENTAL CONSENT FORM
 (to be distributed with full details of the visit)

EV4
 Sept 2008

1. Consent for participation in the visit

Visit to: _____

Date(s)/Times: _____ From: _____ To: _____

I agree to my son/daughter _____ **(name)** taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

* If there are any activities in which your child cannot participate, please give details:

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader
YES/NO/NOT APPLICABLE

If water activities are involved, is your child confident in water?
YES/NO/NOTAPPLICABLE

2. Medical information, declarations and consent

a) Son/daughter's date of birth : _____

b) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: **YES/NO**
 If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc:

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.
**** delete if not applicable**

d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious? : **YES/NO**
If **YES**, please give brief details.

e) Is your son/daughter allergic to any medication:
YES/NO
If **YES**, please specify.

f) When did your son/daughter last receive a tetanus injection?

g) Please outline any special dietary requirements of your child:

h) **I undertake** to inform the group leader/headteacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. Contact numbers

a) *I may be contacted by telephoning the following numbers:*

Work: _____ Home: _____ Mobile: _____

My home address is: _____

b) If I am not available, please contact:

Name: _____ Telephone Numbers: _____

Address: _____

c) Name, address and telephone number of family doctor: _____

4. Any other relevant information

(Please provide NHS number if known and/or home postcode so that medical records can be found quickly on hospital systems if this became necessary).

5. Signature

Date: _____ Signed: _____

Full name (capitals): _____