



St Thomas More Catholic School, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: Mr B Hickey

4th June 2019

Dear Parent/Guardian,

Year 7 Visit to Castleton

We are planning to take Year 7 pupils on a fieldwork visit to Castleton on Monday 15th July. This will be a combine History/Geography activity – focusing on the village of Castleton and a talk about rope making at Peak Cavern.

This visit will involve a whole day and we aim for all pupils to be back in Buxton by 3.10pm. Pupils need **not** wear uniform on the day, but we do ask that they wear good sturdy shoes and that they bring a waterproof coat, suntan lotion, a clipboard, pen, pencil and a packed lunch, and a small amount of money for the gift shop if required. Pupils will be walking whilst on the trip so it is important your child has plenty to drink.

Pupils who receive free meals can claim a free packed lunch from school but need to inform the canteen at least two days before.

We do need to ask parents to make a voluntary contribution of £12.50 to help towards the costs of transport and entry to the caves. Without this help the visit cannot take place. However, if you are unable to make a contribution, please contact me at school. Payments can be made via Parent Pay. Cheques should be made payable to St Thomas More School.

Please return the completed consent form to be handed to the school office by Friday 28th June 2019.

Yours sincerely

Mrs K Collinge
Head of History

PLEASE RETURN THIS SECTION ONLY TO THE FINANCE OFFICE

[In order to comply with Health & Safety Regulations we **must** receive this completed consent form at least **3 school days** prior to the date of the trip. **NB. Your child will not be allowed on the trip if you do not comply with this request.**]

Student: _____ **Form:** _____

I am willing for my son/daughter to take part in visiting Castleton on Monday 15th July 2019.

I acknowledge the need for my child to behave responsibly.
I understand that all reasonable care will be taken to ensure the safety of those in the party.

Medical information about my child:

[a] Any condition requiring medical treatment, including medication? Yes/No
[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

When did your child last have a tetanus injection? _____

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided and have read the attached letter.

Contact telephone numbers:

Work: _____ Home: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

I have paid the sum of £11.00 via ParentPay.

I agree to abide by the terms and conditions for educational visits. (Terms and Conditions can be found on the school website www.st-thomasmore.derbyshire.sch.uk, paper copies are available upon request.)

Signed _____ Date: _____

Full name (capitals): _____