



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

28th February 2020

Dear Parents/Guardian,

Year 11 Geography Field Trip

Your child is expected to take part in the Year 11 Geography fieldwork visits in the local area during this term.

These will take place during their Geography lessons.

Group 11C will leave school on Tuesday 17th March period 5 & 6 and Tuesday 24th March period 5 & 6.

Group 11A will leave school on Wednesday 18th March period 1 & 2 and Wednesday 25th March period 1, 2 & 3.

Pupils will need to wear school uniform plus a coat suitable for the weather on the day. As representatives of the school we expect all pupils to behave to our usual high standards.

Please return the completed consent form attached to Miss Taylor in reception by Thursday 5th March 2020.

Yours faithfully

Mr Kelly & Mr Walsh
Geography Department

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 the **Geography Fieldtrips March 2020**.

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 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): _____