



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

Wednesday 12<sup>th</sup> June 2019

Dear parent/carer,

We have been given the opportunity to take some of our year 10 pupils down to St Anne's primary school to deliver a lesson on Judaism to the children in Reception. Your son has been studying Judaism as part of their RE GCSE and I feel it would benefit them if they were to assist in the delivery of this lesson, which they will have to prepare. The proposed date is Thursday 20<sup>th</sup> June, we would leave school at the end of lunch and walk down to ST Anne's and spend the afternoon there.

If you are happy for your son to take part in this activity, I would be grateful if you could sign the attached permission slip and return it to school no later than Monday 17<sup>th</sup> June.

Yours Sincerely

Ms Neves

RE Teacher

**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 visit to St Anne's school on Thursday 20<sup>th</sup> June 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/mobile \_\_\_\_\_ 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](http://www.st-thomasmore.derbyshire.sch.uk), paper copies are available upon request.)**

Signed \_\_\_\_\_ Date returned \_\_\_\_\_

Full name (capitals): \_\_\_\_\_