



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

May 2017

Dear Parent/Guardian

Year 8 trip to Albert Docks

We are planning to take the Yr 8 pupils to Albert Docks in Liverpool on Thursday 29th June.

We will be travelling by coach and leaving school at 8.50am. We will be returning at approximately 4.10pm. Pupils will **not** need to wear uniform, but will need to dress in sensible clothing and footwear as some of the day may be spent outside. They will also need to bring a packed lunch and a small amount of spending money. Pupils who receive free school meals can claim a free packed lunch from school but will need to inform the canteen at least 3 days prior to the trip.

We do need to ask for a voluntary contribution of £9.00 towards the cost of the trip, without this help the trip cannot take place. However, if you are unable to make a contribution, please contact me at the school.

Please pay via ParentPay and complete the attached consent form to be returned to school no later than **Monday 15th May**.

Yours sincerely

Mr G Walsh
Head of Geography

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 trip on Thursday 29th June 2017 to Albert Docks Liverpool.

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 enclose a voluntary contribution of £9.00 (Cheques to be made payable to St Thomas More School with your son/daughter's name and form on the reverse).

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 returned _____

Full name (capitals): _____