



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

24th January 2017

Dear Parent/Guardian

**Yr 9 Trip to the People's History Museum – Manchester**

We are planning to take all Year 9 pupils to the People's History Museum in Manchester on Wednesday 15<sup>th</sup> March. The pupils will take part in a drama workshop of a soldier's experience of World War 1.

We shall leave school at approximately 9am after morning registration and return by 3.10pm. The pupils will need to take a packed lunch, pen and pencil and will also need to wear school uniform. They may take a small amount of money for the gift shop.

We ask for a voluntary contribution of £11.00 towards the cost of the trip. However, if you are unable to make this contribution please contact me at the school.

Please complete the attached consent form and pay via Parentpay or enclose cash/chq to school no later than Friday 24th February.

Thanking you.

Yours sincerely,

Mrs K Harper  
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 attend the trip to People's History Museum – Manchester on Wednesday 15<sup>th</sup> March.  
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 £11.00. Please pay via Parent pay if possible. (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](http://www.st-thomasmore.derbyshire.sch.uk), paper copies are available upon request.)

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

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