



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

5th May 2017

Dear Parent/Carer,

Activity Day: Thursday 29th June 2017

On Activity Day this year, Year 9 students will be visiting the Museum of Science and Industry in Manchester. They will travel by coach, leaving school at 9am and aiming to return by 3.30pm. They will be able to take part in a range of interactive experiences involving science, technology, computing and fun!

Students will **not** be required to wear school uniform but should bring a packed lunch (students who receive free school meals can order a sandwich from the school canteen). To cover the cost of transportation, we ask for a voluntary contribution of £8.50 via Parentpay.

Please also complete the attached consent form and return it to school no later than **Monday 15th May**.

Thanking you.

Yours sincerely,

S Coyle
Assistant Headteacher

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 the Museum of Science and Industry in Manchester on Thursday 29th June 2017.

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 have paid £8.50 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 returned _____

Full name (capitals): _____