



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

25<sup>th</sup> January 2017

Dear Parent/Carer

I am writing to confirm that the RE and Art trip to London will take place in October 2017. The trip will depart on Thursday 12th October and return on Friday 13th October 2017.

The cost of the trip has increased slightly due to an adjustment in numbers and will now be £190.

This amount includes coach travel, Bed and Breakfast at the Heston Hyde Hotel, a tour of the National Gallery, evening meal, a River Thames Cruise, flight on the London Eye and a ticket to see the musical Matilda in the West End.

In order to secure your child's place please could you pay a deposit of £55 and complete and return the consent form not later than Monday 30th January 2017. The preferred way to pay is by using Parentpay where you will find the payment details of the trip. Please contact school if you do not have log in details. These were sent home in the post in December.

Yours faithfully

Charlotte Neves (RE Teacher)

**CONSENT FORM FOR VISIT FOR THE RESIDENTIAL TRIP TO LONDON 12-13 OCTOBER 2017.**

[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.  
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 give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

Please outline any dietary requirements of your child: \_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that me by contagious or infectious? Yes/No  
If YES please give brief details \_\_\_\_\_  
\_\_\_\_\_

Is your son/daughter allergic to any medication? Yes/No  
If YES, please give brief details \_\_\_\_\_  
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.

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 have paid £55 deposit 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](http://www.st-thomasmore.derbyshire.sch.uk), paper copies are available upon request.)**

Signed \_\_\_\_\_ Date: \_\_\_\_\_

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