

November 2017

Dear Parent/Carer

Visit to Nottingham Winter Wonderland

It is proposed to arrange a visit to Nottingham Winter Wonderland on Thursday 7th December 2017. We will be leaving school at 09:00 with a predicted return time of 15.15. The visit is open to students in year 8.

Please return the attached parental consent form, together with the slip confirming you have made the payment via ParentPay, by Friday 17 November 2017 to enable the visit arrangements to be completed and confirmed. Forms should be returned to the main school office. Unfortunately, late payments and consent forms cannot be accepted.

This visit is an optional extra and supports the academy's curriculum. No pupil or student will miss any compulsory or statutory element of their education if they do not attend as the trip is taking place on the second Enrichment Day. The cost for this visit is £6:00 This includes: -

- a. Insurance cover
- b. Travel - (Ausden Clark Coaches)

Transport

Your child will be expected to be responsible enough to wear any seatbelt provided until informed it may be released.

Student Behaviour

Students attending this visit will need to have a record of good behaviour and demonstrate that they can obey safety and other rules. Anyone whose behaviour becomes unacceptable after the trip has been booked may be excluded or required to return home early and any expenses incurred will be the responsibility of their parents. Students will also need to maintain an excellent behaviour record throughout the academic year.

Day Visit Needs

All participants will need either a packed lunch and drink (which should not include glass bottles) or money to purchase some lunch; clothing appropriate for the time of year (which will often require some form of rain protection) and sensible shoes and socks for walking. A small amount of pocket money may be brought for which your son/daughter will be responsible.

Notification of medical conditions or special needs

Advance warning is needed of any participants with special medical or other needs to ensure all health and safety considerations have been made. Parents must inform the school of any relevant medical or other needs on the visit consent form. Notification of dietary needs for sound medical, ethical or religious reasons must also be made.

Insurance Provided

All bona fide educational visits are covered by the academy's public liability insurance, as are all in-school activities. This visit is considered to have only normal everyday risks and no further insurance has been provided

If you have any concerns or queries regarding the trip, please do not hesitate to contact either of us in school.

Yours faithfully



Mr S Raithatha
Assistant Principal

sraithatha@longfield.leics.sch.uk

PLEASE COMPLETE AND RETURN TOGETHER WITH THE PARENTAL CONSENT FORM

Visit to Nottingham Winter Wonderland

Student name Tutor Group

I have made the payment of £6:00 via ParentPay.

Signed..... Parent/Carer

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Long Field Academy Educational Visits Parental Consent Form



NAME OF STUDENT: _____ HOUSE GROUP: _____

1. DETAILS OF JOURNEY

Destination of visit	Nottingham Winter Wonderland	Date of visit:	Thursday 7 December 2017
Time of Departure from the Academy	9.00 am	Time of arrival back to the Academy	3.15 pm

I agree to my son/daughter taking part in the above-mentioned trip and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. MEDICAL INFORMATION

a) Does your child suffer from any conditions, including recent physical injury, requiring medical treatment? Will he/she be in possession of any medication during the trip? YES/NO
(If YES please give brief details)

b) Is your child allergic to any medication? Or does he/she have any other allergy? YES/NO
(If YES, please specify)

c) Has your child received a tetanus injection in the last 5 years? YES/NO

d) Does your child suffer from travel sickness and will he/she have any travel sickness medication with him/her?
(If YES please give details)

e) Does your child have any special needs, including dietary requirements, incontinence problems etc?
(If YES please give brief details)

3. EMERGENCY CONTACT

I may be contacted during the trip by telephoning the following numbers:

Home: _____ Work: _____ Mobile: _____

My home address is:

The address I will be at during the trip *if different from above*:

If not available at above, please contact:

Name: _____ Relationship to student: _____

Telephone Numbers: _____

Address:

Name, address and telephone number of family doctor:

4. DECLARATION

I have read all of the details of the trip and have completed the form to the best of my knowledge. I undertake to inform the trip leader as soon as possible of any change in circumstances between the date signed and the commencement of the journey. I undertake to pay all voluntary contributions by the date stated.

I confirm that my child is in good health. I agree that in the event of any minor ailment, e.g. headache; you may give my child any appropriate form of medication, e.g. Paracetamol, Ibuprofen etc. Details of the medication preferred:

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic as considered necessary by the medical authorities present.

Signed: _____ (Parent/Carer)

Date: _____

This form or a copy will be taken by the leader on the activity. A copy will be left with the Academy office and with two senior members of staff.

N.B: The Academy has a comprehensive insurance policy for trips off site. More details available on request from the Academy office.