

3rd February 2017

Dear Parents/Carers

Year 8 Educational Visit to the National Gallery – 27/2/17

Year 8 pupils will be studying the Renaissance this term, as part of our architectural timeline this year and we would like to develop their appreciation of art by visiting the National Gallery in London on Monday 27th February 2017. We will be looking at the Impressionists Galleries and studying several Renaissance paintings, guided by a member of the National Gallery staff.

The coach will depart from Edwinstree at 8:00am prompt and return at approximately 3:15pm. All pupils are required to be at school by 7:45am therefore, if your child travels by school transport, alternative travel arrangements should be made. Pupils will require a packed lunch for the day and will be expected to wear school uniform. Please be aware that for safety and security reasons electronic items, including cameras, mobile phones and computer games may not be brought on any educational visit. We may not get time to visit the gift shop, so no spending money is required.

The cost of the visit is £10; this is a voluntary contribution, however, if insufficient funds are received the visit will not go ahead. Please complete the permission slip and return in an envelope to the school office by 10th February 2017, failure to meet this deadline will result in your child being unable to attend. Payment can be made via the School Gateway, or by cash in an envelope clearly marked with your child's name.

Yours sincerely



**MRS CHIPPERFIELD
LEADER OF ART**

enc

REPLY SLIP

Please return to the School Office by 10th February 2017

YEAR 8 EDUCATIONAL VISIT TO THE NATIONAL GALLERY

Monday 27th February 2017

Name: Tutor Group.....

I consent to my child taking part in the educational visit to The National Gallery on Monday 27th February 2017.

- I enclose £10 cash
- I have paid £10 via the School Gateway
- I will collect my child from school
- My child will walk home from school

I consent to any emergency treatment, including the use of anaesthetics, necessary during the course of the journey. I accept that no mobile devices are permitted on an educational visit.

Signed..... (Parent/Carer)

Date.....

EDWINISTREE MIDDLE SCHOOL
A Voluntary Controlled Church of England School

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Medication will not be administered unless prescribed by a doctor and all medication must be in the original container. Antibiotics will only be administered by school staff if it is prescribed to be taken 4 times a day.

DETAILS OF PUPIL

Surname:

Forename(s)

AddressM/F.....

.....DOB

.....Tutor Group

Condition or illness.....

MEDICATION

Name/Type of Medication
(as described on the container)

For how long will your child take this medication

Date Dispensed

FULL DIRECTIONS FOR USE:

Dosage and Method

Timing.....

Special Precautions

Side Effects:

Self Administration.....

Procedures to take in an Emergency

CONTACT DETAILS:

Name:.....Daytime Telephone No.....

Relationship to Pupil:.....

Address:

I understand that I must deliver the medicine personally (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date:Signature(s).....

Relationship to pupil:.....