

20th June 2016

Dear Parent/Carer

Year 8 Visit to Thorpe Park

Pupils in Year 8 have requested the opportunity to go on a school visit to Thorpe Park, Chertsey on Thursday 7th July 2016. The cost of the visit will be approximately £30 per pupil, depending on numbers. The price includes coach travel and entry fee. There will be a number of teachers accompanying the pupils and it is hoped that some parents will volunteer to join us. Pupils will not be required to wear school uniform on this occasion.

Your child will need to be equipped with:

- Snacks
- Water
- Money [maximum £20]
- Sensible clothes and comfortable shoes
- Sun cream/coat depending on the weather

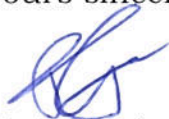
Please complete the attached reply slip and return to the school office by **Monday 27th June 2016**. Failure to meet this deadline will result in your child being unable to attend. Please ensure that all medication, including travel sickness tablets, is provided and labelled with your child's name and the attached MED1 form is completed.

We will depart from Edwinstree at **7:30am** prompt in order to reach Thorpe Park at approximately 10am. Pupils will have lunch in the park and can either bring a packed lunch or buy lunch at the park. We anticipate leaving Thorpe Park at 4pm to arrive back at school by **6pm** traffic permitting. The website will be updated of any major delays.

For your child's safety and security, electrical items, including mobile phones and computer games, may not be brought on the visit. Please complete and return the attached permission slip if your child would like to attend. A Volunteer Agreement is also included for any parent who is able to join us.

Thank you for your support.

Yours sincerely



Mr P Govier
Year 8 Tutor

Enc

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Permission Reply Slip
Please return to school office by Monday 27th June 2016

Year 8 Visit to Thorpe Park
Thursday 7th July 2016

Name..... Tutor Group.....

I consent to my child taking part in the school visit to Thorpe Park. I accept that no mobile devices are permitted on a school visit.

- I have paid £30 via the School Gateway
- I Enclose £30 cash
- 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 event. In case of an emergency during this event, please contact:

Name.....Relationship.....

Contact Tel Number (during this event).....

Signed (Parent/Carer).....Date.....

EDWINSTREE 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:.....

23. VOLUNTEER AGREEMENT for Non-teaching staff and other accompanying adults.

EDWINSTREE MIDDLE SCHOOL

EVENT: _____

DATES: _____

GROUP LEADER: _____

NAME: _____

I agree to act as an adult voluntary help for the purposes of this event. I have been acquainted with the arrangements for the event and with the nature of the duties.

I understand the group leader will be responsible for the conduct of the event and I am willing to undertake any reasonable duties which the group leader may ask me to perform.

Signed _____ Date _____

22. MEDICAL CONSENT FORM FOR ALL ADULTS

EDWINSTREE MIDDLE SCHOOL

EVENT _____

DATES _____

NAME _____

- I do not suffer from any pre-existing medical condition requiring treatment
- I suffer from _____ which may affect my taking part in the activities during the event

If known, date of last immunisation against tetanus _____

National Health Service Medical Card Number _____

I undertake to inform the group leader if I or any member of my family, or other person with whom I have had close contact, is known to have or contracts any infectious disease within 21 days prior to the event.

If within two days prior to departure I become ill, I will arrange to be seen by a Doctor and the will inform the group leader if necessary.

I consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the event.

Signed _____ Date _____

NEXT OF KIN:

Name: _____

Address

Telephone Number _____