

October 2019

Dear Parent/Carer

The Humanities department is organising a trip to Warwick Castle on Tuesday 26th November 2019. We will be leaving school at 8:30am so will need students to be in school for 8:15am to register. We will be leaving Warwick at 3:00pm for an approximate return to school of 4:15pm, dependent on traffic.

During the day, students will have an opportunity to visit the Dungeons attraction and will hear talks on crime and punishment and the Norman invasion of Britain. There will also be time for them to explore the castle and its attractions.

Please note: The Dungeons attraction includes live actors and may be quite frightening for some students.

Students will require a packed lunch and appropriate clothing (coat and good footwear). If your child receives free school meals, then please indicate on the consent form if one is required for the trip.

The cost for the trip will be £23.50, which will cover coach travel and entrance to Warwick Castle and the Dungeons. There are 49 places available, which will be assigned using behaviour and attendance records.

I would be grateful if you could return attached consent form with payment in a labelled envelope, with the student's name and form on, to Mrs Gavriel in the LRC. Payment can be made either by handing the money into the LRC, with the consent form, or online through School Gateway. Payment and consent forms must be returned before Friday 8th November 2019.

Yours sincerely

Mr D Neary
Head of Citizenship

Consent Form

Name of student: **Form:**

Event: Warwick Castle

Date: Tuesday 26th November 2019

Leaving at: 8:30am

Returning at: 4:15pm

I give consent for my child to attend the activity as detailed above.

My child is entitled to Free School Meals

Signed: Date:
by the person **with legal responsibility for the child**

Medical Information

1) Does your child suffer from any conditions requiring medical treatment, including medication?
YES / NO – if YES then please give details.

2) Is your child allergic to any medication? YES / NO – if YES then please give details.

3) Has your child had a tetanus injection in the last five years? YES / NO

Declaration

In the event of an emergency I agree to my child receiving any emergency medical treatment, including anaesthetic, which is considered necessary by the medical authorities present.

In the event of an emergency I can be contacted on the following number:
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Alternatively, if I am not available please contact:

Name:

Tel No: