



February 2024

Headteacher - Patrick Earnshaw
Deputy Headteacher - Mathew Downs

Dear Parent

Your child has been invited to visit Thorpe Park, Surrey on **Monday 22nd July 2024** as a way to celebrate the end of year and their hard work during Year 10 work experience. Year 10 unfortunately missed out on many of the enrichment opportunities due to the disruption by Covid.

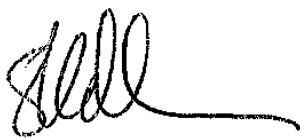
We will be leaving school at 7.30am and anticipate returning to school at approximately 6.30pm, traffic permitting. Students are not required to wear school uniform; however, they are expected to dress appropriately for the range of activities. They should also bring a packed lunch and any other snacks required throughout the day. There are several gift shops at the venue, if your child wishes to purchase anything, please ensure that they have spending money.

The cost of the trip is £47.50 to cover entry fee to the park and private coach transport. Payment should be made on the school's on-line WisePay facility, please make a note of your WisePay receipt reference, as you will need to provide this on the attached medical consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

Should you wish your child to participate in this trip please sign and return the attached medical consent form by Thursday 28th March.

If you have any queries regarding this visit, please do not hesitate to contact me.

Yours faithfully



Mr S Hallam
Director of Learning



STUDENT NAME TUTOR

TO BE RETURNED TO MR HALLAM BY THURSDAY 28TH MARCH 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event:		Date:	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION			
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO
If the answer to any of these questions is YES, please give details:			
TRIP PAYMENT - All trip payments are to be made using WisePay			
I have paid using WisePay and my reference number is			
CONSENT DECLARATION			
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.			YES / NO
I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.			YES / NO
I give consent for my child to be photographed during the event and for these photographs to be used in school media.			YES / NO
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
Signed:		Print Name:	Date: